

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068811 (5)

1. Corporation Name

FAMILY FOCUS INFUSION, INC.



Principal Place of Business

1420 FLAGLER AVENUE
JACKSONVILLE FL 32207

Mailing Address

1420 FLAGLER AVENUE
JACKSONVILLE FL 32207

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DARNELL, KAREN F
1420 FLAGLER AVENUE
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

4. File Number

59-3332965

Applied For

Not Applicable

5. Certificate or Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

DARNELL, KAREN F
1420 FLAGLER AVENUE
JACKSONVILLE FL 32207

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

DEHATE, CAROL W
1420 FLAGLER AVENUE
JACKSONVILLE FL 32207

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

TAHLIANI, ARUN
1420 FLAGLER AVENUE
JACKSONVILLE FL 32207

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

100001754051
-03/22/96--01028--002

***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arun Tahliani

2-5-96

904-396-6594

3-21-96

CR2E034 (12/95)