

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90141 007 ***150.00

DOCUMENT # P96000009929

1. Corporation Name

CONSOLIDATED/PAVILION INFUSION THERAPY, INC.

Principal Place of Business

1325 SAN MARCO BLVD.
SUITE 902
JACKSONVILLE FL 32207

Mailing Address

1301 RIVERPLACE BLVD
STE 1700
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1996

4. FEI Number

59-3361021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

GRANGER, HARVEY
1325 SAN MARCO BLVD.
SUITE 902
JACKSONVILLE FL 32207

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 of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE
NAME BURGHARDT, JOSEPH P
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1700
CITY-ST-ZIP JACKSONVILLE FL

TITLE DP ☐ DELETE
NAME PARRETT, DONALD O
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1700
CITY-ST-ZIP JACKSONVILLE FL

TITLE DV ☐ DELETE
NAME THOMPSON, CAROL C
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1700
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE
NAME JACKSON, REBECCA B
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1700
CITY-ST-ZIP JACKSONVILLE FL

TITLE T ☐ DELETE
NAME PERRY, LINDA
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1700
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Rebecca B. Jackson

4-23-99

904/202-4005

Date

Daytime Phone #

0034153

CR2E034 (1/198)