

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000009929**1. Entity Name
PAVILION INFUSION THERAPY, INC.Principal Place of Business
1325 SAN MARCO BLVD.
SUITE 902
JACKSONVILLE FL 32207Mailing Address
1301 RIVERPLACE BLVD
STE 1700
JACKSONVILLE FL 322072. Principal Place of Business
C/O HARVEY GRANGER3. Mailing Address
C/O HARVEY GRANGERSuite, Apt. #, etc.
1325 SAN MARCO BLVD., SUITE 902Suite, Apt. #, etc.
1325 SAN MARCO BLVD., SUITE 902City & State
JACKSONVILLE FLCity & State
JACKSONVILLE FLZip
32207Country
USZip
32207Country
US4. FEI Number
59-3361021Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGRANGER HARVEY
1325 SAN MARCO BLVD.
SUITE 902
JACKSONVILLE FL 32207**7. Name and Address of New Registered Agent**Name
GRANGER HARVEY
Street Address (P.O. Box Number is Not Acceptable)
1325 SAN MARCO BLVD.
SUITE 902
City JACKSONVILLE FL Zip Code 32207

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **HARVEY GRANGER****04/25/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE T ☒ Delete
NAME PERRY LINDA
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1700
CITY-ST-ZIP JACKSONVILLE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Delete
NAME JACKSON REBECCA B
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1700
CITY-ST-ZIP JACKSONVILLE FLTITLE S ☒ Change ☐ Addition
NAME JACKSON REBECCA B
STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DV ☐ Delete
NAME THOMPSON CAROL C
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1700
CITY-ST-ZIP JACKSONVILLE FLTITLE DV ☒ Change ☐ Addition
NAME THOMPSON CAROL C
STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DP ☐ Delete
NAME PARRETT DONALD O
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1700
CITY-ST-ZIP JACKSONVILLE FLTITLE DP ☒ Change ☐ Addition
NAME PARRETT DONALD O
STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DV ☐ Delete
NAME BURGHARDT JOSEPH P
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1700
CITY-ST-ZIP JACKSONVILLE FLTITLE DVT ☒ Change ☐ Addition
NAME BURGHARDT JOSEPH P
STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REBECCA B. JACKSON**

S

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)