

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90335 012 ***150.00

DOCUMENT # P96000009929

1. Entity Name

PAVILION INFUSION THERAPY, INC.



Principal Place of Business

C/O HARVEY GRANGER
1325 SAN MARCO BLVD., SUITE 902
JACKSONVILLE, FL 32207 US

Mailing Address

C/O HARVEY GRANGER
1325 SAN MARCO BLVD., SUITE 902
JACKSONVILLE, FL 32207 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3361021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	DVT DURKIN, CHRISTOPHER	<input type="checkbox"/> Delete
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE NAME	DP PARRETT, DONALD O	<input type="checkbox"/> Delete
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE NAME	DV STEGE, SAMUEL	<input type="checkbox"/> Delete
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE NAME	S GRANGER, HARVEY	<input type="checkbox"/> Delete
STREET ADDRESS	1325 SAN MARCO BLVD, STE. 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald O Parrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

904-202-5010

Daytime Phone #