2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000009929



FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90167 034 ***150.00

1. Entity Name PAVILION INFUSION THERAPY, INC.															
C/O HARVEY GRANGER C 1325 SAN MARCO BLVD., SUITE 902 1				Mailing Address C/O HARVEY GRANGER 1325 SAN MARCO BLVD., SUITE 902 IACKSONVILLE, FL 32207 US						14 14 14 14 14 14 14			1 7313 1811	18 (I 18 1)	
Principal Place of Business - No P.O. Box # 3. Mailing Address															
Suite, Apt. #, etc.				Suite, Apt. #, etc.			042	292008	Ch	g-P	CR2E	034 (12	2/06)		
City & State			(City & State			El Number 59-3361						olied For Applicable		
Zip	Zip Country			Zip	try	5. Certificate of Status Desired \$8.75 Fee Requ									
	6. Name	and Address of Curren	t Regist	tered Agent	Agent				7. Name and Address of New Registered Agent						
						Name									
GRANGER, HARVEY 1325 SAN MARCO BLVD. SUITE 902						Street Address (P.O. Box Number is Not Acceptable)									
JACKSON	VILLE, FL	. 32207													
						City					FI	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 age	nt and title i	applicable. (NOTE	: Registere	Agent signature requ	juired when re	sinstating)			DATE				
		FEE IS \$150.00 8 Fee will be \$550	.00	9. Election Campai Trust Fund Contr			\$5.00 м Added to F				_			-	
10.		OFFICERS AN	D DIREC	TORS	11.		ADI	DITIONS/C	CHANG	ES TO OF	FICERS AN	D DIREC	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1325 SAN	CHRISTOPHER I MARCO BLVD., SUI VVILLE, FL 32207	TE 902	☐ Delete		I						CH	nange	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	ET ADDRESS ST-ZIP						CH		Addition	
12. I hereby of indicated	certity that th Jori this reco	e information supplied wi	ith this fil is true a	ing does not qualify for ind accurate and that m	r the exe	emptions contain ure shall have the	ined in Ch the same l	napter 119. Jeogl effect	Florida	Statutes.	I further ce	rtify that	t the in:	formation	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-202-5010