

NOV-18-2009 MON 03:43 PM

Division of Corporations

FAX NO.

P. 01/03

Page 1 of 1

P96000009929

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000241299 3)))



H090002412993ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : SMITH HULSEY & BUSBY
Account Number : 075030000553
Phone : (904) 359-7700
Fax Number : (904) 359-7712

09 NOV 16 PM 1:36
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MISSY. POSTON @ BMCJAX. COM

RECEIVED

2009 NOV 16 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
PAVILION INFUSION THERAPY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

PA Change

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 17 2009

(((H09000241299 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pavilion Infusion Therapy, Inc.
2. The principal office address: 3563 Philips Hwy. Suite 202
Jacksonville, FL 32207
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/31/96 Document number: 09000009929
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Harvey Granger1325 San Marco Blvd., Suite 902Jacksonville, FL 32207

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

New Address:841 Prudential Drive, Suite 1802P.O. Box NOT acceptableJacksonville, Florida 32207

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Harvey Granger
Signature of an officer or director

Harvey Granger - S
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Harvey Granger
Signature of Registered Agent

11/5/09

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2B043 (8/05)

(((H09000241299 3)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 16 PM 1:36

FILED