2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# P96000009929

Entity Name: PAVILION INFUSION THERAPY, INC.

Current Principal Place of Business:

3563 PHILIPS HIGHWAY
SUITE 202
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

3563 PHILIPS HIGHWAY
SUITE 202
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3361021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANGER, HARVEY
841 PRUDENTIAL DR.
SUITE 1802
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVT
Name: DURKIN, CHRISTOPHER
Address: 3563 PHILIPS HIGHWAY, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DP
Name: LUKASZEWSKI, MICHAEL
Address: 3563 PHILIPS HIGHWAY, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S
Name: GRANGER, HARVEY
Address: 3563 PHILIPS HIGHWAY, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: WILBANKS, JOHN F
Address: 3563 PHILIPS HIGHWAY, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARVEY GRANGER S 04/30/2010

Electronic Signature of Signing Officer or Director Date