

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0024901 AV

**DOCUMENT # P96000009929**

1. Entity Name  
**PAVILION INFUSION THERAPY, INC.**



04-30-2003 90098 050 \*\*\*150.00

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

4. FEI Number **59-3361021**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Harvey Granger 1325 San Marco Blvd. Suite 902 Jacksonville, FL 32207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Harvey Granger **4/24/03 904-202-5066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



*[Handwritten signature]* P9600009929  
7005242

**Melissa A. Poston**  
*Legal Assistant*

April 28, 2003

**VIA FEDERAL EXPRESS**

Uniform Business Report  
Division of Corporations  
409 East Gaines Stret  
Tallahassee, Florida 32399

RE: Uniform Business Report Filing  
Pavilion Infusion Therapy, Inc.

Dear Sir/Madam:

Enclosed for filing is the 2003 Uniform Business Report for Pavilion Infusion Therapy, Inc. along with a check for the \$150.00 filing fee. Please call should you have any questions or require further information.

Very truly yours,

*Missy Poston*

Melissa A. Poston

/mp  
Enclosures