

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063384

FILED
Apr 26, 2007
Secretary of State

Entity Name: SOUTHWEST FLORIDA INFUSION CARE, INC.

Current Principal Place of Business:

20020 VETERANS BLVD
UNIT 17
PORT CHARLOTTE, FL 33954 US

Current Mailing Address:

20020 VETERANS BLVD
UNIT 17
PORT CHARLOTTE, FL 33954 US

FEI Number: 65-0699783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCH, ROBERT F
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

4161 TAMiami TRAIL
SUITE 304
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

4161 TAMiami TRAIL
SUITE 304
PORT CHARLOTTE, FL 33952 US

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: D () Delete
Name: LATHERS, JULIE
Address: 4300 POINT CT
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LATHERS, JULITA E
Address: 4300 POINT CT
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULITA LATHERS

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date