

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000063384

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA INFUSION CARE, INC.

**Current Principal Place of Business:**

4161 TAMIAMI TRAIL  
SUITE 304  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

4161 TAMIAMI TRAIL  
SUITE 304  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

**FEI Number:** 65-0699783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RABIEIFAR, MEROEH  
4161 TAMIAMI TRAIL, SUITE 304-A  
PORT CHARLOTTE, FL 33952 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: RABIEIFAR, MEROEH  
Address: 4161 TAMIAMI TRAIL, #304-A  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VTD  
Name: MEIER, JOHNNY H  
Address: 4161 TAMIAMI TRAIL, #304-A  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: RABIEIFAR, MEROEH

PSD

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date