2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# P96000063384

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 04/10/2012

Electronic Signature of Signing Officer or Director Date