SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098058 (6)

H.C.D. INFUSION CARE, INC.

FILED Sep 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							
104 LAKE WHISTLER DRIVE 104 LAKE WHISTLER DRIVE							
AUBURNDALE		AUBURNDALE FL 33823					
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report		
					<u>'</u>	Ja. Dale Of Las	report
2. Principal Pl	ace of Business	2a, Mailing Address			12/02/1996 4. FEI Number		Applied For
21 3009 HWY 92W 26 3009 HWY 9			71 W		59 3342961	<u> </u>	Not Applicable
Suite Apt. #, etc.					SQ 75 Additional		
22 4	27 4			5. Certificate of Status Desired		Required	
City & State City & State			· · · · · · ·		6. Election Campaign Financing		00 May Be
23 WINTER HAVEN FL 28 WINTER HAYEN				L	Trust Fund Contribution		
Zip 32 de	Country	^{2φ} 29 33881 30	Country		8. This corporation owes or has paid	_ `	
24 3388			10	14	Personal Property Tax due June : 10. Name and Address of New Reg		∐ No
9, Name and Address of Current Registered Agent					ID. Haile and Addless of New Aeg	istorou Agent	
VADERPOOL, WILLIAM M JR.				Name			
104 LAKE WHISTLER DRIVE				Street Add	dress (P.O. Box Number is Not Acceptabl	e)	1
AUBURNDALE FL 33823							
			83				
			84	City		FL 85 Z	ip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rec							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.							
SIGNATURE Signature, typed or printed name of registered agent and tallo if applicable (NOTE Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND I		13.	on a griature requ	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	D DELETE 1.1		1.1 TOLE			☐ Chang	e Addition
NAME	VANDERPOOL, WILLIAM M JR.		1.2 NAME				ľ
STREET ADDRESS	104 LAKE WHISTLER DRIVE		1.3 STREET	ADDRESS			Ī,
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY - 5	T-ZIP			
TITLE	D DELETE		2.1 TITLE			☐ Chang	e Addition
NAME	VANDERPOOL, KIMBERLY		2.2 NAME	İ			ŀ
STREET ADDRESS	104 LAKE WHISTLER DRIVE		2.3 STREET	ADDRESS			•
CITY-ST-ZIP	AUBURNDALE FL 33823		2.4 CITY-	ST-ZIP			
TITLE	DELETE		3.1 TITLE			L Chang	e 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			Ì
CITY-ST-ZIP	772	T No. 1-10	3.4. CITY -	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			∐ Chang	e Addition
NAME			4. 2 NAME				f
STREET ADDRESS			4.3 STREET	i			
CITY-ST-ZIP		DELETE	4.4 CITY - S	ST-ZIP		Choos	A Ladition
TITLE	·	DELETE	5.1 TITLE	{		∟ Chang	e 🔲 Addition
NAME			5.2 NAME	1000000			ŀ
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		☐ DELETE	5.4 CHY- S	SI-ZIP		Chang	e Addition
TITLE		□ hereit	6.1 TITLE			L. UIRING	e D voquon
NAME			6.2 NAME	1000coc			
STREET ADDRESS			6.3 STREET				l
CITY-ST-ZIP			6.4 CITY - S	IT-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

W/ WINSKIATEDER/ DEITSTIEDA

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