

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005464

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: NATIONAL HEALTH INFUSION, INC.

## Current Principal Place of Business:

3439 TECHNOLOGY DR., STE #5  
NOKOMIS, FL 34275

## New Principal Place of Business:

## Current Mailing Address:

3439 TECHNOLOGY DR., STE #5  
NOKOMIS, FL 34275

## New Mailing Address:

TWO TOWER BRIDGE  
ONE FAYETTE STREET, #150  
CONSHOHOCKEN, PA 19428

FEI Number: 65-0722240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GARNER, DEBRA L  
Address: 3439 TECHNOLOGY DR, SUITE 5  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: LINDSAY, ROBERT E  
Address: 3439 TECHNOLOGY DR, SUITE 5  
City-St-Zip: NOKOMIS, FL 34275

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: CUCUEL, ROBERT  
Address: ONE FAYETTE STREET, #150  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VP (X) Change ( ) Addition  
Name: GRAVES, MARY JANE  
Address: ONE FAYETTE STREET, #150  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: SEC ( ) Change (X) Addition  
Name: GILBERT, BRUCE  
Address: ONE FAYETTE STREET, #150  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VP ( ) Change (X) Addition  
Name: BROWN, CHUCK  
Address: ONE FAYETTE STREET, #150  
City-St-Zip: CONSHOHOCKEN, PA 19428

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE GILBERT

SEC

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date