

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005464

FILED
Apr 19, 2011
Secretary of State

Entity Name: NATIONAL HEALTH INFUSION, INC.

Current Principal Place of Business:

3449 TECHNOLOGY DR., STE 311
NORTH VENICE, FL 34275

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

3449 TECHNOLOGY DR., STE 311
NORTH VENICE, FL 34275

FEI Number: 65-0722240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATIONS SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: PD
Name: SMITH, RICHARD M
Address: 3449 TECHNOLOGY DR., STE 311
City-St-Zip: NORTH VENICE, FL 34275

Title: VP
Name: MELANCON, JAMES P
Address: 3449 TECHNOLOGY DR., STE 311
City-St-Zip: NORTH VENICE, FL 34275

Title: SD
Name: POSNER, BARRY A
Address: 3449 TECHNOLOGY DR., STE 311
City-St-Zip: NORTH VENICE, FL 34275

Title: T
Name: BOGUSZ, PATRICIA
Address: 3449 TECHNOLOGY DR., STE 311
City-St-Zip: NORTH VENICE, FL 34275

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: BARRY A. POSNER

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04/19/2011

Electronic Signature of Signing Officer or Director

Date