## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** <u>śan</u>gra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORFURATIONS 1998 DOCUMENT # 1. Corporation Name P97000057552 (6) FLORIDA HOME INFUSION, INC. Principal Place of Business Mailing Address 1450 MADRUGA AVE STE 302 1450 MADRUGA AVE STE 302 **CORAL GABLES FL 33146** CORAL GABLES FL 33146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 6975 NW82 6975 NW 82 Menue Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be miami Mami Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 33166 30 Mani- Dad 25 miani Dode Personal Property Tax due June 30. Yes 33166 ☐ No 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent GLASSBERG, DAVID M un 1450 MADRUGA AVE STE 302 82 umber is Not Acceptable) **CORAL GABLES FL 33146** 83 Zip Code Liani 33166 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 registered 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 lamiliarly send accept the obligations of, Section 697.0505. Florida Statutes SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE President Change Addition TITLE 1.1 TITLE Steve Braun GLASSBERG, DAVID M 1.2 NAME NAME NW 82 Avenue 1450 MADRUGA AVE STE 302 1.3 STREET ADDRESS STREET ADDRESS mami, H 33166 CORAL GABLES FL 33146 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE margarita Balloveras NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TIFLE Change Addition \_TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS BITY-ST-71P 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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 in an attachment with an address.

SIGNATURE: