

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057552

1. Corporation Name

Florida Home Infusion, Inc.

Principal Place of Business
6975 NW 82 Avenue
Miami, FL 33166

Mailing Address
6975 NW 82 Avenue
Miami, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/30/97

4. FEI Number

65-0767876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

David Glassberg
1570 Madruga Avenue
Suite 211
Miami, FL 33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 registered office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Steve Braun
STREET ADDRESS 6975 NW 82 Avenue
CITY- ST- ZIP Miami, FL 33166

TITLE VP
NAME Margarita Balloneras
STREET ADDRESS 6975 NW 82 Avenue
CITY- ST- ZIP Miami, FL 33166

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE VP
1.2 NAME Jose Segarra
1.3 STREET ADDRESS 19310 SW 88 Ct
1.4 CITY- ST- ZIP Miami, FL 33157

2.1 TITLE VP
2.2 NAME Ana Balloneras Gil
2.3 STREET ADDRESS 10960 SW 116 St
2.4 CITY- ST- ZIP Miami, FL 33176

3.1 TITLE VP
3.2 NAME Jose Sotomayor
3.3 STREET ADDRESS 5700 Collins Avenue, Ste. 7m
3.4 CITY- ST- ZIP Miami, FL 33140

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I 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

SIGNATURE:

José Segarra

8/10/98

FILED

Aug 26 1998 8:00am
Secretary of State

CR2E034 (5/98)