

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90307 024 ***150.00

DOCUMENT # P97000057552

1. Corporation Name

FLORIDA HOME INFUSION, INC.

Principal Place of Business

6975 NW 82 AVENUE
MIAMI FL 33166
US

Mailing Address

6975 NW 82 AVENUE
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

65-0767876

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 9740 East Evergreen St.

Suite, Apt. #, etc.

City & State

23 Miami FL

Zip

24 33157

Country

25 USA

2a. Mailing Address

26 Same as (2)

Suite, Apt. #, etc.

City & State

Zip

29 Country

30

9. Name and Address of Current Registered Agent

GLASSBERG, DAVID
1570 MADRUGA AVE
SUITE 211
MIAMI FL 33146

10. Name and Address of New Registered Agent

81

Name Jose C Separra

82

Street Address (P.O. Box Number is Not Acceptable)
19310 SW 88 CT

83

84

City Miami

FL

85 Zip Code

33157

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 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

4/15/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BRAUN, STEVE
STREET ADDRESS 6975 NW 82 AVENUE
CITY-ST-ZIP MIAMI FL 33166

TITLE VP ☐ DELETE

NAME BALLORERAS, MARGARITA
STREET ADDRESS 6975 NW 82 AVENUE
CITY-ST-ZIP MIAMI FL 33166

TITLE VP ☐ DELETE

NAME SEGARRA, JOSE
STREET ADDRESS 19310 SW 88 CT
CITY-ST-ZIP MIAMI FL 33157

TITLE VP ☒ DELETE

NAME BALLORERAS GIL, ANA
STREET ADDRESS 10960 SW 116 ST
CITY-ST-ZIP MIAMI FL 33176

TITLE VP ☒ DELETE

NAME SOTOMAYOR, JOSE
STREET ADDRESS 5700 COLLINS AVE., SUITE 7M
CITY-ST-ZIP MIAMI FL 33140

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Braun, Steve
1.3 STREET ADDRESS 9740 East Evergreen ST.
1.4 CITY-ST-ZIP Miami, FL 33157

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Balloveras, Margarita
2.3 STREET ADDRESS 9740 East Evergreen ST.
2.4 CITY-ST-ZIP Miami, FL 33157

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: X *Steve Braun* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99

CR2E034 (11/98)

0242136