2000 UNIFORM BUSINESS REPORT (UBR) - Ami

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DO NOT WRITE IN THIS SPACE

1. Entity Name
Medical Infusion Center, Inc.
Amended

Principal Place of Business	Mailing Address
12435 58th Place North Royal Palm Beach, Fl. 33411	same

2. Principal Place of Business	3. Mailing Address
1306 13th Lane Suite, Apt. #, etc.	P.O. Box 1312 Suite, Apt. #, etc.
City & State: Palm Beach Gardens, Fl.	City & State: Delray Beach, Fl.
Zip: 33418-3558 Country: U.S.A.	Zip: 33447-1312 Country: U.S.A.

4. FEI Number: 65-0945075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Peter Carafano - President
12435 58th Place North
Royal Palm Beach, Fl. 33411

7. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

8. 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: [signature] 5/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete: President Peter Carafano 12435 58th Place North Royal Palm Beach, Fl. 33411	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition: Vice-President Denise Carafano 1206 13th Lane P.B.G., Fl. 33418-3556
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition: President Peter Carafano 1206 13th Lane P.B.G. Fl. 33418-3556
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 6/27	☐ Change ☐ Addition

CR2E034 (9/98)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/00 561-798-0179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/9