2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2016
Secretary of State
CC0508707007

DOCUMENT# P05000001221

Entity Name: MEDIC INFUSION PA

Current Principal Place of Business:

3191 HARBOR BLVD
UNIT D
PORT CHARLOTTE, FL 33952

Current Mailing Address:

3191 HARBOR BLVD
UNIT D
PORT CHARLOTTE, FL 33952

FEI Number: 20-2094100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

METYK, MICHAEL R
3248 VILLAGE LANE
PORT CHARLOTTE, FL 33953 US

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: MICHAEL R METYK 04/15/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	S
Name	METYK, MICHAEL	Name	METYK, MICHAEL
Address	3248 VILLAGE LANE	Address	3191 HARBOR BLVD
City-State-Zip:	PORT CHARLOTTE FL 33953	City-State-Zip:	PORT CHARLOTTE FL 33953

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: MICHAEL METYK DPM OWNER/OPERATOR 04/15/2016

Electronic Signature of Signing Officer/Director Detail — Date