

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102522

Entity Name: BRIOVARX INFUSION SERVICES 205, INC.**Current Principal Place of Business:**15529 COLLEGE BLVD.
LENEXA, KS 66219-1351**Current Mailing Address:**15529 COLLEGE BLVD.
LENEXA, KS 66219-1351 US**FEI Number: 26-3738273****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASSISTANT SECRETARY
Name LANG JACOBSEN, HEATHER ANASTASIA
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name GROSKLAGS, JEFFREY DAVID
Address 11020 OPTUM CIRCLE
MN102-0800
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name LAGERSTROM, EDWARD ANDREW
Address MAIL ROUTE: MN102-0700
11020 OPTUM CIRCLE
City-State-Zip: EDEN PRAIRIE MN 55344

Title TREASURER
Name OBERRENDER, ROBERT WORTH
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title SECRETARY
Name PETERSON, KAREN ELIZABETH
Address 1600 MCCONNOR PARKWAY
City-State-Zip: SCHAUMBURG IL 60173

Title CEO / DIRECTOR
Name KRAMM, EDWARD PAUL
Address 15529 COLLEGE BLVD.
City-State-Zip: LENEXA KS 66219

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: HEATHER ANASTASIA LANG JACOBSEN**ASSISTANT SECRETARY 04/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date