

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009929

**FILED
Apr 08, 2024
Secretary of State
2249570839CC**

Entity Name: PAVILION INFUSION THERAPY, INC.

Current Principal Place of Business:

1660 PRUDENTIAL DRIVE
BUILDING 2, SUITE 203
JACKSONVILLE, FL 32207

Current Mailing Address:

1660 PRUDENTIAL DRIVE
BUILDING 2, SUITE 203
JACKSONVILLE, FL 32207 US

FEI Number: 59-3361021

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAITY, G. SCOTT
841 PRUDENTIAL DR.
SUITE 1802
JACKSONVILLE, FL 32207 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: G. SCOTT BAITY

04/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DVT
Name DURKIN, CHRISTOPHER
Address 1660 PRUDENTIAL DRIVE
BUILDING 2, SUITE 203
City-State-Zip: JACKSONVILLE FL 32207

Title DP
Name TICKELL, KEITH
Address 841 PRUDENTIAL DRIVE
SUITE 1602
City-State-Zip: JACKSONVILLE FL 32207

Title S
Name BAITY, G. SCOTT
Address 841 PRUDENTIAL DRIVE
SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name ZUINO, MATTHEW A.
Address 841 PRUDENTIAL DRIVE
SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name FINNEGAN, T. SCOTT
Address 841 PRUDENTIAL DRIVE, SUITE 1602
City-State-Zip: JACKSONVILLE FL 32207

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: G. SCOTT BAITY, ESQ.

SECRETARY

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date