

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000009929

**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

04/06/2023

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, TREASURER  
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

SECRETARY

04/06/2023

Electronic Signature of Signing Officer/Director Detail

Date