

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000102174

Entity Name: AT HOME INFUSION SERVICES LLC

Current Principal Place of Business:

3500 NW BOCA RATON BLVD
SUITE 704
BOCA RATON, FL 33431

Current Mailing Address:

3500 NW BOCA RATON BLVD
SUITE 704
BOCA RATON, FL 33431 US

FEI Number: 27-1171329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KACZMAREK, KAREN
3725 NW 3RD AVENUE
BOCA RATON, FL 33431 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

Authorized Person(s) Detail :

Title MGR
Name KACZMAREK, KAREN
Address 3725 NW 3RD AVENUE
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name FREUND, DORIT
Address 3500 NW BOCA RATON BLVD
SUITE 704
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name HARRISON, DEBORAH
Address 3500 NW BOCA RATON BLVD, STE
704
City-State-Zip: BOCA RATON FL 33431

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN KACZMAREK

MGR

04/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date