

**2015 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

02/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date