

2025 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:**17777 CENTER CT DR STE 550
CERRITOS, CA 90703 US**FEI Number:** 27-1171329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** KAREN KACZMAREK

03/11/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name MASOOD, SOHAIL
Address 17777 CENTER CT DR STE 550
City-State-Zip: CERRITOS CA 90703

Title CFO
Name MERCHANT, SOHAIL
Address 17777 CENTER CT DR STE 550
City-State-Zip: CERRITOS CA 90703

Title SECRETARY
Name MASOOD, ASLAM
Address 17777 CENTER CT DR STE 550
City-State-Zip: CERRITOS CA 90703

Title COO
Name BENKENDORFER, TINA
Address 17777 CENTER CT DR STE 550
City-State-Zip: CERRITOS CA 90703

Title AUTHORIZED MEMBER
Name KABAFUSION HOLDINGS LLC
Address 17777 CENTER CT DR STE 550
City-State-Zip: CERRITOS CA 90703

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: SOHAIL MASOOD

CEO

03/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date