2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2025
Secretary of State
1921174271CC

DOCUMENT# L23000518390

Entity Name: INFINITY INFUSION THERAPY LLC

Current Principal Place of Business:

1860 SW FOUNTAIN VIEW BLVD
SUITE 1028
PORT SAINT LUCIE , FL 34986

Current Mailing Address:

1860 SW FOUNTAIN VIEW BLVD
SUITE 1028
PORT SAINT LUCIE , FL 34986 US

FEI Number: 93-1653005

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUTE, KAREN
1860 SW FOUNTAIN VIEW BLVD
SUITE 1028
PORT SAINT LUCIE , FL 34986 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 YOUTE 04/30/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	CEO	Title	CFO
Name	YOUTE, KAREN	Name	YOUTE, LARISNER
Address	1860 SW FOUNTAIN VIEW BLVD SUITE 1028	Address	1860 SW FOUNTAIN VIEW BLVD SUITE 1028
City-State-Zip:	PORT SAINT LUCIE FL 34986	City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	COO
Name	JULIEN, DESILAINE
Address	1860 SW FOUNTAIN VIEW BLVD SUITE 1028
City-State-Zip:	PORT SAINT LUCIE FL 34986

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 YOUTE CEO 04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date