

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2008  
Secretary of State

DOCUMENT# N03000003388

Entity Name: GLOBAL INFUSION, INC.

**Current Principal Place of Business:**

1209 NEWFANE CIRCLE  
KNOXVILLE, TN 37922

**New Principal Place of Business:**

4422 TIMBERLAKE DR  
LOUISVILLE, TN 37777

**Current Mailing Address:**

P.O. BOX 3178  
BRANDON, FL 33509

**New Mailing Address:**

FEI Number: 06-1690615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YARLOTT, TRACEY  
1222 BARMERE LANE  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCCORD, MICHAEL  
Address: 35331 HEARTLAND DRIVE  
City-St-Zip: DADE CITY, FL 33523

Title: S ( ) Delete  
Name: MCCORD, JENNIFER  
Address: 35331 HEARTLAND DRIVE  
City-St-Zip: DADE CITY, FL 33523

Title: VP ( ) Delete  
Name: HAWARD, JOHN  
Address: 2044 BISHOPS BRIDGE ROAD  
City-St-Zip: KNOXVILLE, TN 37922

Title: D ( ) Delete  
Name: KOEHN, JOSEPH  
Address: 1116 COBBLE WAY  
City-St-Zip: MARYVILLE, TN 37803

Title: P ( ) Delete  
Name: HAWARD, JONATHAN  
Address: 1209 NEWFANE CIRCLE  
City-St-Zip: KNOXVILLE, TN 37922

Title: D ( ) Delete  
Name: HAWARD, JUDY  
Address: 2044 BISHOPS BRIDGE ROAD  
City-St-Zip: KNOXVILLE, TN 37922

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN HAWARD

P

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date