


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000003388 1. Entity Name GLOBAL INFUSION, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 15 PM 12:14

Principal Place of Business 4422 TIMBERLAKE DR LOUISVILLE, TN 37777	Mailing Address P.O. BOX 3178 BRANDON, FL 33509
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300136148693
09/19/08--01040--010 **70.00

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 4422 Timberlake Dr. Suite, Apt. #, etc.
City & State Louisville, TN	City & State Louisville, TN
Zip 37777	Country USA



09052008	Chg-NP	CR2E037 (12/06)
4. FEI Number 06-1690615	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YARLOTT, TRACEY 1222 BARMERE LANE BRANDON, FL 33511	7. Name and Address of New Registered Agent Name Paul Hoker Street Address (P.O. Box Number is Not Acceptable) 5571 Eureka Springs Rd. City Tampa FL Zip Code 33610
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul Hoker* **Paul Hoker** **Treasurer** **9/5/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORD, MICHAEL 35331 HEARTLAND DRIVE DADE CITY, FL 33523	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Hoker 5571 Eureka Springs Rd. Tampa, FL 33610
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Hoker* **John Hoker** **9/9/08** **(865) 769-3093**
Signature and typed or printed name of signing officer or director Date Daytime Phone #