

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000001846 (0)

1. Corporation Name

ALL MED INFUSION, INC.

Principal Place of Business

3201 CAPIN AVENUE  
TAMPA FL 33611

Mailing Address

3201 CAPIN AVENUE  
TAMPA FL 33611

APPROVED  
AND  
FILED  
97 AUG -8 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3102 Cherry Palm Drive		26 3102 Cherry Palm Drive		01/05/1996		N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite 120		27 Suite 120		59-3350398			
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Tampa, FL		28 Tampa FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33619		25 USA		29 33619		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HENTHORNE, KEITH 3201 CAPIN AVENUE TAMPA FL 33611				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3201 CHAPIN AVE.			
				83			
				84 City			
				FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/T/S/M/D
NAME		1.2 NAME	CYNTHIA CUCUR
STREET ADDRESS		1.3 STREET ADDRESS	4714 SAN MIGUEL ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/M/D/C
NAME		2.2 NAME	MELINDA COLLADO
STREET ADDRESS		2.3 STREET ADDRESS	15212 TILWOOD PLACE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL 33618
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TR
NAME		3.2 NAME	MARK EHRMAN
STREET ADDRESS		3.3 STREET ADDRESS	55 WINDSOR ROAD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WABAN, MA 02168
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TR
NAME		4.2 NAME	KEITH HENTHORNE
STREET ADDRESS		4.3 STREET ADDRESS	3201 CHAPIN AVE.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	000002265230--9
STREET ADDRESS		5.3 STREET ADDRESS	-08/12/97--01097--024
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ P/7/97 813-620-3772

CR2E034 (4/97)