

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003388

**Entity Name:** GLOBAL INFUSION, INC.

**Current Principal Place of Business:**

4422 TIMBERLAKE DR  
LOUISVILLE, TN 37777

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC4938713126**

**Current Mailing Address:**

4422 TIMBERLAKE DR  
LOUISVILLE, TN 37777

**FEI Number: 06-1690615**

**Certificate of Status Desired: No**

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

HOKER, LARISSA  
5571 EUREKA SPRINGS RD  
TAMPA, FL 33610 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HAWARD, JONATHAN  
Address 4422 TIMBERLAKE DRIVE  
City-State-Zip: LOUISVILLE TN 37777

Title S  
Name MCCORD, JENNIFER  
Address 35331 HEARTLAND DRIVE  
City-State-Zip: DADE CITY FL 33523

Title VP  
Name HAWARD, JOHN  
Address 2044 BISHOPS BRIDGE ROAD  
City-State-Zip: KNOXVILLE TN 37922

Title T  
Name PAUL, HOKER  
Address 5571 EUREKA SPRINGS RD  
City-State-Zip: TAMPA FL 33610

Title D  
Name HAWARD, JUDY  
Address 2044 BISHOPS BRIDGE ROAD  
City-State-Zip: KNOXVILLE TN 37922

Title D  
Name KOEHN, JOSEPH  
Address 1116 COBBLE WAY  
City-State-Zip: MARYVILLE TN 37803

*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 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 all other like empowered.*

**SIGNATURE: JOSEPH KOEHN**

**DIRECTOR**

**03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date