

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003388

Entity Name: GLOBAL INFUSION, INC.

Current Principal Place of Business:

118 NORTH PETERS ROAD
SUITE 220
KNOXVILLE, TN 37923

Current Mailing Address:

118 NORTH PETERS ROAD
SUITE 220
KNOXVILLE, TN 37923 US

FEI Number: 06-1690615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAWARD, JONATHAN
1308 SHADYBROOK COVE LANE
KNOXVILLE, FL 37922 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: JONATHAN HAWARD

01/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HAWARD, JONATHAN
Address 1308 SHADYBROOK COVE LANE
City-State-Zip: KNOXVILLE TN 37922

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

Title T
Name PAUL, HOKER
Address 3923 VINE STREET
City-State-Zip: PLEASANTON CA 94566

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

Title D
Name MEEKS, MITCHELL
Address 11312 HIXSON PIKE
City-State-Zip: SODDY-DAISY TN 37379

Title D
Name HAWARD, JOSCELYN
Address 1308 SHADYBROOK COVE LANE
City-State-Zip: KNOXVILLE TN 37922

Title S, SECRETARY
Name HOKER, LARISSA
Address 3923 VINE STREET
City-State-Zip: PLEASANTON CA 94566

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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 R KOEHN

DIRECTOR

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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