

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004282

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: INFUSION PARTNERS, INC.

## Current Principal Place of Business:

4623 WESLEY AVE., SUITE H  
CINCINNATI, OH 45212

## New Principal Place of Business:

## New Mailing Address:

TWO TOWER BRIDGE  
ONE FAYETTE STREET, SUITE 150  
CONSHOHOCKEN, PA 19428

## Current Mailing Address:

4623 WESLEY AVE., SUITE H  
CINCINNATI, OH 45212

FEI Number: 58-2102954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: WOODWARD, GORDON  
Address: 111 RADIO CIRCLE  
City-St-Zip: MT KISCO, NY 10549

Title: AS ( ) Delete  
Name: WOODWARD, GORDON  
Address: 111 RADIO CIRCLE  
City-St-Zip: MT KISCO, NY 10549

Title: DCFO ( ) Delete  
Name: GRAVES, MARY JANE  
Address: TWO TOWER BLDG, ONE FAYETTE ST, STE 150  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: CEOP ( ) Delete  
Name: CUCUEL, ROBERT  
Address: TWO TOWER BLDG, ONE FAYETTE ST, STE 150  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: AS (X) Delete  
Name: CUCUEL, ROBERT  
Address: TWO TOWER BLDG, ONE FAYETTE ST, STE 150  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: DIVP (X) Delete  
Name: BROWN, CHUCK  
Address: 4623 WESLEY AVE, STE H  
City-St-Zip: CINCINNATI, OH 45212

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WOODWARD, GORDON  
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: D (X) Change ( ) Addition  
Name: GRAVES, MARY JANE  
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: CEOP (X) Change ( ) Addition  
Name: CUCUEL, ROBERT  
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: CFOS (X) Change ( ) Addition  
Name: GRAVES, MARY JANE  
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150  
City-St-Zip: CONSHOHOCKEN, PA 19428

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JANE GRAVES

CFO

07/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date