

F090000004876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

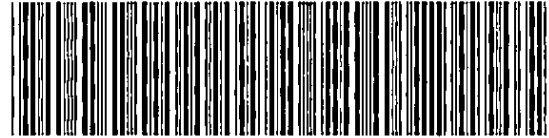
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600422983766

*Amend*

2024 FEB 12 AM 7:58

A. RAMSEY  
FEB 13 2024

FILED  
RECEIVED  
2024 FEB 12 AM 7:58  
2024 FEB -6 PM 3:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

\*00789, 00524, 00671

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 2/6

	<b>CERTIFIED COPY</b>	_____
<b>XX</b>	<b>PHOTOCOPY</b>	_____
	<b>GS</b>	_____
<b>XX</b>	<b>FILING</b>	<u>INC AMEND</u>

1. INFUSYSTEM, INC.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrected



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2024

CORPORATE ACCESS, INC.

TALLAHASSEE, FL 32303

SUBJECT: INFUSYSTEM, INC.  
Ref. Number: F09000004876

We have received your document for INFUSYSTEM, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a foreign non-profit corporation and your entity is a foreign profit corporation. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 424A00002705

2024 FEB 12 PM 12:32  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** InfuSystem, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F09000004876

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Duren, Paralegal

\_\_\_\_\_  
Name of Contact Person

Stinson LLP

\_\_\_\_\_  
Firm/Company

1201 Walnut Street, Suite 2900

\_\_\_\_\_  
Address

Kansas City, MO 64106

\_\_\_\_\_  
City/State and Zip Code

OLGA.REITER@INFUSYSTEM.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Duren

\_\_\_\_\_  
Name of Contact Person

at ( 816 ) 691-2664

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F09000004876

\_\_\_\_\_  
(Document number of corporation (if known))

1. INFUSYSTEM, INC.

\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. CALIFORNIA

\_\_\_\_\_  
(Incorporated under laws of)

3. 12/08/2009

\_\_\_\_\_  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

DELAWARE

\_\_\_\_\_  
(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

FILED  
2024 FEB 12 AM 7:53

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:

Barry Steele

DC\*7A858E2343C

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Barry Steele

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35.00**

# Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND  
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A CALIFORNIA  
CORPORATION UNDER THE NAME OF "INFUSYSTEM, INC." TO A DELAWARE  
CORPORATION, FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF  
SEPTEMBER, A.D. 2023, AT 1:16 O'CLOCK P.M.*



2411606 8100V  
SR# 20240367030

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

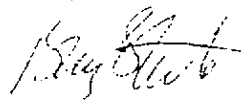
Authentication: 202743075  
Date: 02-05-24

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:16 PM 09/27/2023  
FILED 01:16 PM 09/27/2023  
SR 20233592285 - File Number 2411606

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE CORPORATION TO A  
DELAWARE CORPORATION PURSUANT TO SECTION 265 OF  
THE DELAWARE GENERAL CORPORATION LAW

1. The jurisdiction where the non-Delaware corporation was first formed is  
CALIFORNIA  
and the date the non-Delaware corporation first formed is 12/18/1997.
2. The jurisdiction immediately prior to filing this Certificate is CALIFORNIA.
3. The name of the non-Delaware corporation immediately prior to filing this  
Certificate is INFUSYSTEM, INC..
4. The name of the corporation as set forth in the Certificate of Incorporation is  
INFUSYSTEM, INC..

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
26th day of SEPTEMBER, A.D. 2023.

By:   
Authorized Person or Officer

Name: Barry Steele, Chief Financial Officer  
Print or Type



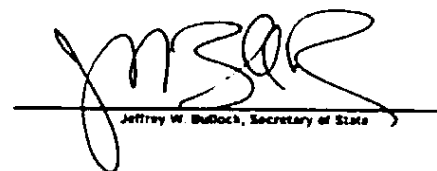
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF A CALIFORNIA CORPORATION "INFUSYSTEM, INC." TO A DELAWARE CORPORATION "INFUSYSTEM, INC.", WAS FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2023, AT 1:16 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Jeffrey W. Bullock, Secretary of State

2411606 8317F  
SR# 20240365825

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202742173  
Date: 02-05-24