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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F940000003079

1. Corporation Name

INFU-TECH OF TENNESSEE, INC.

Principal Place of Business

Mailing Address

Infu-Tech of Tennessee, Inc.
910 Sylvan Avenue
Englewood Cliffs, NJ 07632

Same as Principal
Place of Business

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
Qual: 6/13/94

3a. Date of Last Report
1st Report

4. FEI Number

62-1514391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Chairman
NAME Jack Rosen
STREET ADDRESS 910 Sylvan Avenue
CITY-ST-ZIP Englewood Cliffs, NJ 07632

TITLE President
NAME Michael J. Pennessi
STREET ADDRESS 910 Sylvan Avenue
CITY-ST-ZIP Englewood Cliffs, NJ 07632

TITLE VP/CFO
NAME Gary S. Finkel
STREET ADDRESS 910 Sylvan Avenue
CITY-ST-ZIP Englewood Cliffs, NJ 07632

TITLE VP, Asst Secy
NAME Benjamin Geizhals
STREET ADDRESS 910 Sylvan Avenue
CITY-ST-ZIP Englewood Cliffs, NJ 07632

TITLE Exec. Vice Pres.
NAME Pritpal Virdee
STREET ADDRESS 910 Sylvan Ave.
CITY-ST-ZIP Englewood Cliffs, NJ 07632

TITLE Director, VP
NAME Joseph Rosen
STREET ADDRESS 910 Sylvan Ave.
CITY-ST-ZIP Englewood Cliffs, NJ 07632

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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*****200.00 *****200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information furnished 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 affidavit.

SIGNATURE:

SIGNATURE (AND TYPED OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

2-21-95

201-567-4600

Date

Telephone #