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**PROFIT** CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 03 1997 8:00am

Secretary of State

96/6)

1/27/97

201-567-4600

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400003079 (0)

INFU-TECH OF TENNESSEE, INC.

Principal Place of Business Mailing Address DIO SYLVAN AVE 910 SYLVAN AVE ENGLEWOOD CLIFFS NJ 07832 ENGLEWOOD CLIFFS NJ 07632-3301 3. Date Incorporated or Qualified 06/13/1994 3a Date of Last Report 03/13/1996 2. Principal Place of Business 2a. Mailing Address FEI Number 62-1514391 Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{1D}$ Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Ves No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 City 84 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 portice name of resistered agent and title Tappicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. XX DELETE Change XX Addition TITLE 1.1 TITLE ٧ PENNESSI, MICHAEL J NAME 1.2 NAME S. Colin Neill 910 SYLVAN AVENUE STREET ADDRESS 1.3 STREET ADDRESS 910 Sylvan Avenue **ENGLEWOOD CLIFFS NJ** C(\*Y+S1+7)\* 1.4 CITY-ST-ZIP Englewood Cliffs, NJ 07632 EVP DELETE Change THLE 21 TITLE Addition GORDON, RICHARD S NAME 22 NAME 910 SYLVAN AVENUE STREET ADDRESS 23 STREET ADDRESS ENGLEWOOD CLIFFS NJ CITY - ST - ZIP 2 4 CITY-ST-ZIP **XX**Change THE DELETE \_\_\_ Addition 3.1 THILE VIRDEE, PRITPAL NAME 3.2 NAME 910 SYLVAN AVENUE STREET ADDRESS 3.3 STREET ADDRESS **ENGLEWOOD CLIFFS NJ** CITY-ST-70P 34. CITY-ST-ZIP **VPAS** DELETE TITLE 4 1 TITLE Change Addition GEIZHALS, BENJAMIN NAME 4 2 NAME 910 SYLVAN AVENUE STREET ADDRESS 4 3 STREET ADDRESS **ENGLEWOOD CLIFFS NJ** CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE THLE Change Addition 51 TITLE INGBERMAN, ISRAEL NAME 52 NAME 910 SYLVAN AVENUE STREET ADDRESS 5.3 STREET ADDRESS **ENGLEWOOD CLIFFS NJ** CITY - ST - ZIF 54 CITY - ST - ZIP DELETE 101.E Addition Channe **6.1 TITLE** ROSEN, JOSEPH NAME 6.2 NAME 910 SYLVAN AVENUE STREET ADDRESS. **6.3 STREET ADDRESS** ENGLEWOOD CLIFFS NJ

64 CITY-ST-ZIP I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 tracke empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Benjamin Geizhals, VP, Asst Secy