

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90036 024 ***150.00

DOCUMENT # F960000006714

1. Entity Name

Infimed, Inc. ✓

DO NOT WRITE IN THIS SPACE

851476

2. Principal Place of Business

121 Metropolitan DR

Suite, Apt. #, etc.

3. Mailing Address

121 Metropolitan DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Liverpool, NY

Zip

13088

Country

USA

City & State

Liverpool, NY

Zip

13088

Country

USA

4. FEI Number

11-2932413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Co.

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

1201 Hays St.

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Shoenfeld, Martha
STREET ADDRESS	1101 Linwood St.
CITY - ST - ZIP	Brooklyn, NY 11208
TITLE	DIC
NAME	Shoenfeld, Norman
STREET ADDRESS	1101 Linwood St.
CITY - ST - ZIP	Brooklyn, NY 11208
TITLE	P
NAME	Fleming, Brian
STREET ADDRESS	4005 Cortina Rd
CITY - ST - ZIP	Baldwinsville, NY 13027
TITLE	V
NAME	Ryan, Amy
STREET ADDRESS	5016 Surrey Dr.
CITY - ST - ZIP	Syracuse, NY 13215
TITLE	S
NAME	Shoenfeld, Diane
STREET ADDRESS	PO Box 24142
CITY - ST - ZIP	Santa Fe, NM 87502
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy Ryan

Date

4-29-02 (36)453-4545

Daytime Phone #

CR2E034B (12/01)