

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000006714

1. Entity Name
INFIMED, INC.



Principal Place of Business
121 METROPOLITAN DR.
LIVERPOOL, NY 13088

Mailing Address
121 METROPOLITAN DR.
LIVERPOOL, NY 13088



DO NOT WRITE IN THIS SPACE

05032005 No Chg-P CR2E034 (10/03)

4. FEI Number
11-2932413

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when retransferring)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SHOENFELD, NORMAN
STREET ADDRESS 1000 W. PENNSYLVANIA AVE.
CITY-ST-ZIP PEN ARGYL, PA 18072

TITLE P
NAME FLEMING, BRIAN
STREET ADDRESS 4095 CORTINA ROAD
CITY-ST-ZIP BALDWINVILLE, NY 13027

TITLE V
NAME RYAN, AMY
STREET ADDRESS 4186 SUMMIT VIEW
CITY-ST-ZIP MARCELLUS, NY 13108

TITLE S
NAME SHOENFELD, DIANE
STREET ADDRESS PO BOX 24142
CITY-ST-ZIP SANTA FE, NM 87502

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000364613
05/09/05-80002-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, 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

5/3/05

(315) 453-4545

Date

Daytime Phone #