

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H90099

1. Entity Name

DADE INFUSION THERAPY, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90091 034 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O BAKER, JACOBSON & LEVINE, MD. PA  
7800 S.W. 87TH AVE  
MIAMI FL 33173

C/O BAKER, JACOBSON & LEVINE, MD. PA  
7800 S.W. 87TH AVE  
MIAMI FL 33173-3570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2618542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUFFNER, CHARLES L.  
3001 S.W. 3RD AVE  
SUITE 100  
MIAMI FL 33129-2799

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVINE, RICHARD	
STREET ADDRESS	7800 SW 87TH AVE #B260	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACOBSON, NATHAN	
STREET ADDRESS	7800 SW 87TH AVE #B260	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BAKER, BARRY H.	
STREET ADDRESS	7800 SW 87TH AVE #B260	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with another, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13/7/00 1305-595-4590

CR2ED34 (9/99)