

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90215 001 \*\*\*900.00

**DOCUMENT # L38116**

1. Entity Name  
**HEALTHINFUSION, INC.**

Principal Place of Business

1125 17TH STREET  
SUITE 2100  
DENVER CO 80202  
US

Mailing Address

1125 17TH STREET  
SUITE 2100  
DENVER CO 80202  
US

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 **65-0163627**

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

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

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, 2001 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 **CEOP** ☒ Delete  
NAME **SMITH, JOSEPH D**  
STREET ADDRESS **1125 S CEDARCREST BV 102**  
CITY-ST-ZIP **ALLENTOWN PA 18103**

TITLE **President** ☐ Change ☒ Addition  
NAME **Allen J. Marabito**  
STREET ADDRESS **1125 17th Street, Suite 2100**  
CITY-ST-ZIP **Denver, CO 80202**

TITLE **SVP** ☒ Delete  
NAME **BERNOCCHI, PERRY A**  
STREET ADDRESS **100 S JEFFERSON RD**  
CITY-ST-ZIP **WHIPPANY NJ 07981**

TITLE **Senior Vice President** ☐ Change ☒ Addition  
NAME **Vito Ponzio, Jr.**  
STREET ADDRESS **1125 17th Street, Suite 2100**  
CITY-ST-ZIP **Denver, CO 80202**

TITLE **VPCS** ☒ Delete  
NAME **LARSON, SCOTT T**  
STREET ADDRESS **1129 17 ST SUITE 2100**  
CITY-ST-ZIP **DENVER CO 80202**

TITLE **Vice President, Secretary** ☐ Change ☒ Addition  
NAME **David A. Schwab**  
STREET ADDRESS **1125 17th Street, Suite 2100**  
CITY-ST-ZIP **Denver, CO 80202**

TITLE **VPT** ☐ Delete  
NAME **DANITZ, SCOTT R**  
STREET ADDRESS **1125 17 ST SUITE 2100**  
CITY-ST-ZIP **DENVER CO 80202**

TITLE **Sr. VP, Chief Financial Officer** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☒ Delete  
NAME **TAYLOR, ROBYN C**  
STREET ADDRESS **1125 17TH ST STE 2100**  
CITY-ST-ZIP **DENVER CO 80202**

TITLE **VP, Controller** ☐ Change ☒ Addition  
NAME **Gerald, A. Reynolds**  
STREET ADDRESS **1125 17th Street, Suite 2100**  
CITY-ST-ZIP **Denver, CO 80202**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP, Reimbursements** ☐ Change ☒ Addition  
NAME **Rodney Wright**  
STREET ADDRESS **1125 17th Street, Suite 2100**  
CITY-ST-ZIP **Denver, CO 80202**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 all other like empowered.

SIGNATURE:

*David A. Schwab*  
**David A. Schwab, VP and Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)