

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90302 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

**1675 Broadway
 Suite, Apt. #, etc.
 900**

**City & State
 Denver, CO**

**Zip
 80202**

Country

USA

3. Mailing Address

**1675 Broadway
 Suite, Apt. #, etc.
 900**

**City & State
 Denver, CO**

**Zip
 80202**

Country

USA

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

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

7. Name and Address of New Registered Agent

Name **N/A**

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARABITO, ALLEN J	
STREET ADDRESS	1125 17TH STREET SUITE 2100	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	PONZIO, VITO J	
STREET ADDRESS	1125 17TH STREET SUITE 2100	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SCHWAB, DAVID A	
STREET ADDRESS	1125 17TH STREET SUITE 2100	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	SVCF	<input type="checkbox"/> Delete
NAME	DANITZ, SCOTT R	
STREET ADDRESS	1125 17 ST SUITE 2100	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	REYNOLDS, GARALD A	
STREET ADDRESS	1125 17TH ST STE 2100	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, RODNEY	
STREET ADDRESS	1125 17TH STREET SUITE 2100	
CITY-ST-ZIP	DENVER CO 80202	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1675 Broadway, Suite 900	
CITY-ST-ZIP	Denver, CO 80202	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	same as above	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	same as above	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	same as above	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	same as above	
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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A Schwab 1/15/02 303-222-4973
 Date Daytime Phone #

CR2E034 (9/01)