

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L69228** (9)
1. Corporation Name
NATIONAL INFUSION SERVICES ASSOCIATES, INC.



Principal Place of Business
**160 NW 176TH ST.
STE. #400
MIAMI FL 33169-5023
US**

Mailing Address
**160 NW 176TH ST.
STE. #400
MIAMI FL 33169-5023
US**

3. Date Incorporated or Qualified
04/27/1990

3a. Date of Last Report
04/18/1995

4. FEI Number
65-0190760

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**ELLIS, DAVID N
160 NW 176TH ST.
SUITE 400
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and the corporation

(If the Registered Agent signature required, please print name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
D	BOYD, J. DARRELL	160 NW 176 ST S400	MIAMI FL	
VTS	ELLIS, DAVID N	160 W 176 ST, #400	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE:

J. Darrell Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. DARRELL BOYD 6-5-96 305 653 5291

CR2E034 (3/96)