

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 20 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M21980

(1)

1. Corporation Name

INFUSION PHARMACEUTICALS, INC.

Principal Place of Business

**130 S ANDREWS AVE
SUITE 201-25
POMPANO BEACH FL 33069**

Mailing Address

**6800 N ANDREWS AVE
SUITE 570
FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/15/1985

3a. Date of Last Report

02/18/1994

4. FEI Number

59-2598825

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

9. Name and Address of Current Registered Agent

**IRVING, J. BRUCE
501 BRICKELL KEY DR.
SUITE 300, COURVOISIER CENTRE
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
VSD
NAME
BRAFMAN, CAROL S.
STREET ADDRESS
6800 N. ANDREWS AVENUE
CITY - ST - ZIP
FT. LAUDERDALE FL 33309

TITLE
PD
NAME
KAPLAN, RONALD L.
STREET ADDRESS
6800 N. ANDREWS AVENUE
CITY - ST - ZIP
FT. LAUDERDALE FL 33309

TITLE
T
NAME
KOSCS, GREGORY
STREET ADDRESS
6800 N. ANDREWS AVENUE
CITY - ST - ZIP
FT. LAUDERDALE FL 33309

TITLE
AS
NAME
IRVING, J. BRUCE
STREET ADDRESS
501 BRICKELL KEY DR.
CITY - ST - ZIP
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Kaplan

02-22-95

(305)491-6600

Date

Telephone #