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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **M21980** (1)

1. Corporation Name
INFUSION PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
150 S ANDREWS AVE SUITE 201-25 POMPANO BEACH FL 33069	6600 N ANDREWS AVE SUITE 570 FT LAUDERDALE FL 33309-2189

3. Date Incorporated or Qualified: **10/15/1985**
3a. Date of Last Report: **03/07/1996**

2. Principal Place of Business	2a. Mailing Address
21 c/o Allied Health Care Corp	26 c/o Allied Health Care Corp.
Suite, Apt. #, etc. 22 6600 N. Andrews Avenue	Suite, Apt. #, etc. 27 6600 N. Andrews Avenue
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip / Country 24 33309-2189 25 U.S.A.	Zip / Country 29 33309-2189 30 U.S.A.

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 XX 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRAFMAN,CAROL S.		1.2 NAME		
STREET ADDRESS	6600 N. ANDREWS AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT.LAUDERDALE FL 33309		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KAPLAN,RONALD L.		2.2 NAME		
STREET ADDRESS	6600 N. ANDREWS AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT.LAUDERDALE FL 33309		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOSCS, GREGORY		3.2 NAME		
STREET ADDRESS	6600 N. ANDREWS AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	IRVING, J. BRUCE		4.2 NAME		
STREET ADDRESS	501 BRICKELL KEY DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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, or on an attachment with an address.

SIGNATURE: _____ Ronald L. Kaplan 3/15/97 (954)491-6600