FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 1997 8:00am
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
150 S ANDREWS AVE
SUITE 201-25
POMPANO BEACH FL 33069

Mailing Address
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
21 c/o Allied Health Care Corp
Suite, Apt #, etc.
22 6600 N. Andrews Avenue
City & State
23 Ft. Lauderdale, FL
Zip 24 33309-2189 Country 25 U.S.A.

2a. Mailing Address
26 c/o Allied Health Care Corp.
Suite, Apt #, etc.
27 6600 N. Andrews Avenue
City & State
28 Ft. Lauderdale, FL
Zip 29 33309-2189 Country 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 w/ch registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	☐ DELETE
NAME	BRAFMAN,CAROL S.	
STREET ADDRESS	6600 N. ANDREWS AVENUE	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	PD	☐ DELETE
NAME	KAPLAN,RONALD L.	
STREET ADDRESS	6600 N. ANDREWS AVENUE	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	T	☐ DELETE
NAME	KOSCS, GREGORY	
STREET ADDRESS	6600 N. ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	AS	☐ DELETE
NAME	IRVING, J. BRUCE	
STREET ADDRESS	501 BRICKELL KEY DR.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

CR2E034 (9/96)