

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90019 018 \*\*\*150.00

**DOCUMENT # M21980**

1. Corporation Name

**INFUSION PHARMACEUTICALS, INC.**

Principal Place of Business

C/O ALLIED HEALTH CARE CORP.  
6600 N. ANDREWS AVE.  
FT. LAUDERDALE FL 33309-2189  
US

Mailing Address

C/O ALLIED HEALTH CARE CORP  
6600 N. ANDREWS AVE.  
FT. LAUDERDALE FL 33309-2189  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/15/1985**

4. FEI Number

**59-2598825**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

NAME **VSD**  
**BRAFMAN, CAROL S.**  
STREET ADDRESS **6600 N. ANDREWS AVENUE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **PD**  
**KAPLAN, RONALD L.**  
STREET ADDRESS **6600 N. ANDREWS AVENUE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **T**  
**KOSCS, GREGORY**  
STREET ADDRESS **6600 N. ANDREWS AVENUE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald L. Kaplan**

**2/19/99**

**(954) 491-6600**

Date

Daytime Phone #

CR2E034 (11/98)