2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M21980

Entity Name: INFUSION PHARMACEUTICALS, INC.

FILED Jan 13, 2003 Secretary of State

Current Principal Place of Busi	ness: New Pr	rincipal Place of Busines

C/O ALLIED HEALTH CARE CORP.

1000 NW 65TH STREET STE 105

FT. LAUDERDALE, FL 333092189 US

C/O ALLIED HEALTH CARE CORP.

1000 NW 65TH STREET, SUITE 105

FT. LAUDERDALE, FL 333092189 US

Current Mailing Address:

C/O ALLIED HEALTH CARE CORP.

1000 NW 65TH STREET STE 105

FT. LAUDERDALE, FL 333092189 US

C/O ALLIED HEALTH CARE CORP.

1000 NW 65TH STREET, SUITE 105

FT. LAUDERDALE, FL 333092189 US

FEI Number: 59-2598825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IRVING, J. BRUCE 19134 FISHER ISLAND DR MIAMI, FL 33109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: BRAFMAN,CAROL S.,

Address: 1000 NW 65TH STREET, STE 105 City-St-Zip: FT.LAUDERDALE, FL 33309

Title: PD () Delete Name: KAPLAN,RONALD L.,

Address: 1000 NW 65TH STREET, STE 105 City-St-Zip: FT.LAUDERDALE, FL 33309

Title: T () Delete Name: KOSCS, GREGORY,

Address: 1000 NW 65TH STREET, STE 105 City-St-Zip: FT. LAUDERDALE, FL 33309

Title: AS () Delete Name: IRVING, J. BRUCE,

Address: 19134 FISHER ISLAND DR

City-St-Zip: MIAMI, FL 33109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition

Name: BRAFMAN, CAROL S

New Mailing Address:

Address: 1000 NW 65TH STREET, SUITE 105 City-St-Zip: FT.LAUDERDALE, FL 33309

Title: PD (X) Change () Addition

Name: KAPLAN, RONALD L

Address: 1000 NW 65TH STREET, SUITE 105 City-St-Zip: FT.LAUDERDALE, FL 33309

Name: KOSCS, GREGORY V

Address: 1000 NW 65TH STREET, SUITE 105 City-St-Zip: FT. LAUDERDALE, FL 33309

Title: AS (X) Change () Addition

Name: IRVING, J. BRUCE Address: 19134 FISHER ISLAND DR

City-St-Zip: MIAMI, FL 33109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD L. KAPLAN PRES 01/13/2003