

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90051 040 \*\*\*150.00

**DOCUMENT # P00000061991**

1. Entity Name  
**INFINITE HEALTH, INC.**



Principal Place of Business  
**4621 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33067**

Mailing Address  
**% B.D. GREEN 1313 S. ANDREWS AVE  
600 S ANDREWS AVENUE # 400  
FORT LAUDERDALE, FL 33301  
33310**

**DO NOT WRITE IN THIS SPACE**



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1020421**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GREEN, BRUCE D.  
600 SOUTH ANDREWS AVENUE 1313 S. ANDREWS AVE  
# 400  
FORT LAUDERDALE, FL 33301  
33310**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BARANSKI, RONALD
STREET ADDRESS	5115 NORTHWEST 99TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	DP
NAME	BARANSKI, CATHERINE
STREET ADDRESS	5115 NW 99TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	HERMAN, SCOTT
STREET ADDRESS	4621 N UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	HERMAN, LISA
STREET ADDRESS	4621 N UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CATHERINE BARANSKI **CATHERINE BARANSKI** 2/9/04 954 796 0060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #