

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90049 041 ***150.00

DOCUMENT # P01000059621

1. Entity Name

MIAMI INFUSION & PHARMACY, INC.

Principal Place of Business

**7125 SW 47 ST STE 302
 MIAMI FL 33155**

Mailing Address

**7125 SW 47 ST STE 302
 MIAMI FL 33155**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-115080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BRAND, CRAIG A
 2 NE 40 STREET STE 403
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name

Harold E. Kaplan, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1515 University Dr., Suite 214

City

Coral Springs

FL

Zip Code
33071

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.

Harold E. Kaplan, Esq.

SIGNATURE

Harold E. Kaplan

1/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **BRAUN, STEVE**
 STREET ADDRESS **14620 SW 150 AVE**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VD** ☐ Delete
 NAME **FERRAN, GEORGE**
 STREET ADDRESS **9280 SW 20 ST**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **STEVE BRAUN**
 STREET ADDRESS **7125 SW 47 ST STE 302**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **VD** ☒ Change ☐ Addition
 NAME **GEORGE FERRAN**
 STREET ADDRESS **7125 SW 47 ST STE 302**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Steven Braun, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 1-786-295-2601

Date

Daytime Phone #

CR2E034 (9/01)