

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90270 001 \*\*\*300.00

DOCUMENT # P010000060969

1. Entity Name

Infusion Management Services, Inc.

85388

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3655 SW 2nd Ave

3. Mailing Address

3655 SW 2nd Ave.

Suite, Apt. #, etc.

Ste. C

Suite, Apt. #, etc.

Ste. C

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32607

Country

USA

Zip

32607

Country

USA

4. FEI Number

59-3726514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

KATHY GARRIOTT

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

3655 SW 2nd Ave

Ste. C

City

GAINESVILLE

FL

Zip Code

32607

**DO NOT WRITE  
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.

SIGNATURE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRES
NAME	KATHY GARRIOTT
STREET ADDRESS	3655 SW 2nd Ave, Ste. C
CITY-ST-ZIP	Gainesville, FL 32607
TITLE	V. Pres
NAME	Tina Hilliard
STREET ADDRESS	3655 SW 2nd Ave, Ste. C
CITY-ST-ZIP	Gainesville, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathy Garriot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

352/335-5588

Daytime Phone #

CR2E034B (12/01)