

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

FILED
Apr 14, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P04000094147
1. Entity Name INFUSION NORTH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 678 NW 110TH AVE Suite, Apt. #, etc.	3. Mailing Address 678 NW 110TH AVE Suite, Apt. #, etc.
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33071	Country USA

4. FEI Number 04-3794557	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name BARBARA A. VALERIOTI	
Street Address (P.O. Box Number is Not Acceptable) 678 NW 110TH AVE	
City CORAL SPRINGS	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBARA A. VALERIOTI 678 NW 110TH AVE CORAL SPRINGS, FL 33071
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara A. Valerioti BARBARA A. VALERIOTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/05 954 757-7122