

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111168

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** INFUSION MEDICAL CENTER, INC.

**Current Principal Place of Business:**

10271 SUNSET DRIVE  
SUITE 104, SECOND FLOOR  
MIAMI, FL 331733024

**New Principal Place of Business:**

375 W 49 ST  
SUITE 1  
HIALEAH, FL 33013

**Current Mailing Address:**

10271 SUNSET DRIVE  
SUITE 104, SECOND FLOOR  
MIAMI, FL 331733024

**New Mailing Address:**

375 W 49 ST  
SUITE 1  
HIALEAH, FL 33013

**FEI Number:** 20-1437392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARTURI YERO, P.A.  
10271 SUNSET DRIVE  
SUITE 104 SECOND FLOOR  
MIAMI, FL 331733024 US

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

ODUARDO, NAILEN  
375 W 49 ST  
SUITE 1  
HIALEAH, FL 33013 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: NAILEN ODUARDO

04/27/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ODUARDO, NAILEN  
Address: 375 E. 49TH STREET, SUITE 1  
City-St-Zip: MIAMI, FL 331733024

Title: D ( ) Delete  
Name: CRUZ, ARIEL  
Address: 375 E. 49TH STREET, SUITE 1  
City-St-Zip: MIAMI, FL 331733024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NAILEN ODUARDO

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date