FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002659 (0)

1. Corporate Name
HEALTHINFUSION OF OKLAHOMA, INC.

Principal Place of Business
5200 BLUE LAGOON DR
SUITE 200
MIAMI FL 33126

Mailing Address
5200 BLUE LAGOON DR
SUITE 200
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1992
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21 1121 ALDERMAN DR.
Suite Apt # etc. 22
City & State 23 ALPHARETTA GA
Zip 24 30202 County 25

2a. Mailing Address
26 1121 ALDERMAN DR.
Suite Apt # etc. 27
City & State 28 ALPHARETTA, GA
Zip 29 30202 County 30

4. FEI Number: 73-1413659 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FINE, JEFFREY M
5200 BLUE LAGOON DR
SUITE 200
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN U)
Title DP Name GILMAN, MILES E Address 5200 BLUE LAGOON DR SUITE 200 City-St-Zip MIAMI FL 33126	Title PRESIDENT, COO ☐ Change ☒ Addition Name PATRICK I. FORTUNE Address 1125 17TH STREET, STE 1500 City-St-Zip DENVER, CO 80202
Title D Name LEVINSON, MELVIN E MD. Address 5200 BLUE LAGOON DR. #200 City-St-Zip MIAMI FL 33126	Title SECRETARY, CFO ☒ Change ☒ Addition Name SAM R. LEND Address 1125 17TH STREET STE 1500 City-St-Zip DENVER, CO 80202
Title D Name FINE, JEFFREY M Address 5200 BLUE LAGOON DR. #200 City-St-Zip MIAMI FL 33126	Title VP TREASURER ☒ Change ☒ Addition Name RICHARD SMITH Address 1125 17TH STREET STE 1500 City-St-Zip DENVER, CO 80202
Title VCFO Name THOMPSON, JACK T Address 5200 BLUE LAGOON DR. #200 City-St-Zip MIAMI FL 33126	Title CEO ☒ Change ☒ Addition Name JAMES M. SWEENEY Address 1125 17TH STREET, STE 1500 City-St-Zip DENVER, CO 80202
Title Name Address City-St-Zip	Title ☐ Change ☐ Addition Name Address City-St-Zip
Title Name Address City-St-Zip	Title ☐ Change ☐ Addition Name Address City-St-Zip

14. I declare (certify) that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: Richard M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD M. SMITH
VICE PRESIDENT, TREASURY & TAX

4/26/95 Date

303 292 4973 Daytime Phone #

012347 CP