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 PM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000002663 (2)**

1. Corporation Name
HEALTHINFUSION OF NEW YORK, INC.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DR UITE 200 MIAMI FL 33126	5200 BLUE LAGOON DR UITE 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
22 Suite, Apt. #, etc.
23 City & State: ALPHARETTA, GA
24 Zip: 30202
25 Country:

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

4. FEI Number: **13-3688006** ☐ 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 § 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 Sections 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 12	
1 TITLE	DP	1 TITLE	PRESIDENT, COO ☒ Change ☒ Addition
2 NAME	GILMAN, MILES E	2 NAME	PATRICK J. FORTUNE
3 STREET ADDRESS	5200 BLUE LAGOON DR SUITE 200	3 STREET ADDRESS	1125 17TH STREET STE 1500
4 CITY ST ZIP	MIAMI FL 33126	4 CITY ST ZIP	DENVER, CO 80202
1 TITLE	VCEO	1 TITLE	SECRETARY, CFO ☒ Change ☒ Addition
2 NAME	THOMPSON, JACK T	2 NAME	SAM R. LENO
3 STREET ADDRESS	5200 BLUE LAGOON DR. SUITE 200	3 STREET ADDRESS	1125 17TH STREET, STE 1500
4 CITY ST ZIP	MIAMI FL 33126	4 CITY ST ZIP	DENVER, CO 80202
1 TITLE	D	1 TITLE	VP TREASURER ☒ Change ☒ Addition
2 NAME	FINE, JEFFREY M	2 NAME	RICHARD SMITH
3 STREET ADDRESS	5200 BLUE LAGOON DRIVE SUITE 200	3 STREET ADDRESS	1125 17TH STREET STE 1500
4 CITY ST ZIP	MIAMI FL 33126	4 CITY ST ZIP	DENVER, CO 80202
1 TITLE	D	1 TITLE	CEO ☒ Change ☒ Addition
2 NAME	LEVINSON, MELVIN E MD	2 NAME	JAMES M. SWEENEY
3 STREET ADDRESS	5200 BLUE LAGOON DR. SUITE 200	3 STREET ADDRESS	1125 17TH STREET STE. 1500
4 CITY ST ZIP	MIAMI FL 33126	4 CITY ST ZIP	DENVER, CO 80202
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is accurate 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
Title

4/26/95
Date

303 312 4973
Daytime Phone #

0121870 CR