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 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000002698 (8)**

1. Corporate Name

HEALTHINFUSION OF PENNSYLVANIA, 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.
22 Suite, Apt. # or etc.
23 City & State: ALPHARETTA, GA
24 Zip: 30202 25 Country

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

4. FEI Number: 23-2703236 ☐ 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 607.0502 and 607.1908, 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	
31 Title	DP	31 Title	PRESIDENT, COO ☒ Change ☒ Addition
32 Name	GILMAN, MILES E	32 Name	PATRICK J. FORTUNE
33 Street Address	5200 BLUE LAGOON DR SUITE 200	33 Street Address	1125 17TH STREET STE 1500
34 City, St, Zip	MIAMI FL 33126	34 City, St, Zip	DENVER, CO 80202
35 Title	D	35 Title	SECRETARY, CFO ☒ Change ☒ Addition
36 Name	LEVINSON, MELVIN E M.D.	36 Name	SAM R. LENO
37 Street Address	5200 BLUE LAGOON DR., #200	37 Street Address	1125 17TH STREET STE 1500
38 City, St, Zip	MIAMI FL 33126	38 City, St, Zip	DENVER, CO 80202
39 Title	D	39 Title	VP TREASURER ☒ Change ☒ Addition
40 Name	FINE, JEFFREY M	40 Name	RICHARD SMITH
41 Street Address	5200 BLUE LAGOON DR., #200	41 Street Address	1125 17TH STREET STE 1500
42 City, St, Zip	MIAMI FL 33126	42 City, St, Zip	DENVER, CO 80202
43 Title	VCFO	43 Title	CEO ☒ Change ☒ Addition
44 Name	THOMPSON, JACK T	44 Name	JAMES M. SWEENEY
45 Street Address	5200 BLUE LAGOON DR., #200	45 Street Address	1125 17TH STREET STE 1500
46 City, St, Zip	MIAMI FL 33126	46 City, St, Zip	DENVER, CO 80202
47 Title		47 Title	☐ Change ☐ Addition
48 Name		48 Name	
49 Street Address		49 Street Address	
50 City, St, Zip		50 City, St, Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City, St, Zip		54 City, St, Zip	

14. I hereby certify that the information supplied with this 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 added to the report with an address.

SIGNATURE: RICHARD M. SMITH VICE PRESIDENT, TREASURER & TAX 4/26/95 303 292 4973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

018M44 CP