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 # P92000015524 (1)

1. Corporation Name

HEALTHINFUSION FRANCHISE, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1121 ALDERMAN DR.	26 1121 ALDERMAN DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ALPHARETTA, GA	City & State 28 ALPHARETTA, GA
Zip 24 30202 Country 25	Zip 29 30202 Country 30

3. Date Incorporated or Qualified: 12/31/1992
3a. Date of Last Report: 03/18/1994
4. FEI Number: 65-0428689 ☐ 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 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	
TITLE	DP	TITLE	PRESIDENT, COO ☒ Change ☒ Addition
NAME	~~GILMAN, MILES E~~	NAME	PATRICK J. FORTUNE
STREET ADDRESS	~~5200 BLUE LAGOON DR. #200~~	STREET ADDRESS	1125 17TH STREET, STE 1500
CITY-ST-ZIP	~~MIAMI FL 33126~~	CITY-ST-ZIP	DENVER, CO 80202
TITLE	D	TITLE	SECRETARY, CFO ☒ Change ☒ Addition
NAME	~~FINE, JEFFREY M~~	NAME	SAM R. LENO
STREET ADDRESS	~~5200 BLUE LAGOON DR. #200~~	STREET ADDRESS	1125 17TH STREET, STE 1500
CITY-ST-ZIP	~~MIAMI FL 33126~~	CITY-ST-ZIP	DENVER, CO 80202
TITLE	DC	TITLE	VP TREASURER ☒ Change ☒ Addition
NAME	~~LEVINSON, MELVIN E M.D.~~	NAME	RICHARD SMITH
STREET ADDRESS	~~5200 BLUE LAGOON DR. #200~~	STREET ADDRESS	1125 17TH STREET, STE 1500
CITY-ST-ZIP	~~MIAMI FL 33126~~	CITY-ST-ZIP	DENVER, CO 80202
TITLE	VT	TITLE	CEO ☒ Change ☒ Addition
NAME	~~THOMPSON, JACK T~~	NAME	JAMES M. SWEENEY
STREET ADDRESS	~~5200 BLUE LAGOON DR. #200~~	STREET ADDRESS	1125 17TH STREET, STE 1500
CITY-ST-ZIP	~~MIAMI FL 33126~~	CITY-ST-ZIP	DENVER, CO 80202
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary for rated and does not qualify for the exemption stated in Section 119.07(1)(c), 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: [signature] RICHARD M. SMITH, VICE PRESIDENT, TREASURY & TAX — 4/26/95 — 303 292 4973

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

0123845 CP