

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90003 005 ***550.00

DOCUMENT # P93000042517

Corporation Name
INFUSION CARE SPECIALISTS, INC.

Principal Place of Business

AARON J. GOLD, ESQ.
4 WEST BAY STREET
TAMPA FL 33606

Mailing Address

4929 LYFORD CAY ROAD
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1993

4. FEI Number

65-0416315

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

Principal Place of Business

2808 W. MLK BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 2808 W MLK JR. BLVD
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

28 TAMPA FL

Zip 33607 25 Country USA

29 Zip 33607 30 Country USA

9. Name and Address of Current Registered Agent

GOLD, AARON J
704 WEST BAY STREET
TAMPA FL 33606

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

1. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

1E PD ☐ DELETE
ME FLYNN, MYRNA D
REET ADDRESS 4929 LYFORD CAY RD.
Y-ST-ZIP TAMPA FL 33629

1E ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

1E ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

1E ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

1E ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

1E ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #