

FILE NO. FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000044841 (3)

1. Corporation Name

INFUSION SERVICES OF AMERICA, INC.



Principal Place of Business

2170 W. 73 STREET
HIALEAH FL 33016

Mailing Address

2170 W. 73 STREET
HIALEAH FL 33016

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/25/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X

Yes □ No

9. Name and Address of Current Registered Agent

WILSON, EVERETT J
2151 LEJEUNE ROAD, MEXXANINE FLOOR
CORAL GABLES FL 33134

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 607.1506, 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 of Registered Agent or person authorized to execute this statement

Signature of Registered Agent or person authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D RODRIGUEZ, RAUL
2170 W. 73 STREET
HIALEAH FL 33016

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

□ Change □ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

□ Change □ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

□ Change □ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

□ Change □ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

□ Change □ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

□ Change □ Addition

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-ST-ZIP

□ Change □ Addition

29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP

□ Change □ Addition

33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-ST-ZIP

□ Change □ Addition

37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-ST-ZIP

□ Change □ Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

□ Change □ Addition

45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-ST-ZIP

□ Change □ Addition

49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-ST-ZIP

□ Change □ Addition

53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-ST-ZIP

□ Change □ Addition

57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-ST-ZIP

□ Change □ Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

□ Change □ Addition

65. TITLE
66. NAME
67. STREET ADDRESS
68. CITY-ST-ZIP

□ Change □ Addition

69. TITLE
70. NAME
71. STREET ADDRESS
72. CITY-ST-ZIP

□ Change □ Addition

73. TITLE
74. NAME
75. STREET ADDRESS
76. CITY-ST-ZIP

□ Change □ Addition

77. TITLE
78. NAME
79. STREET ADDRESS
80. CITY-ST-ZIP

□ Change □ Addition

81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY-ST-ZIP

□ Change □ Addition

85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY-ST-ZIP

□ Change □ Addition

89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY-ST-ZIP

□ Change □ Addition

93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-ST-ZIP

□ Change □ Addition

97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-ST-ZIP

□ Change □ Addition

101. TITLE
102. NAME
103. STREET ADDRESS
104. CITY-ST-ZIP

□ Change □ Addition

105. TITLE
106. NAME
107. STREET ADDRESS
108. CITY-ST-ZIP

□ Change □ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its 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, if an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raul Rodriguez 5/1/96 305-823-6373

DATE

Daytime Phone #

CR2E034 (12/95)