

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:57

DOCUMENT # P93000061960 (9)

1. Corporation Name

HEALTHINFUSION OF INDIANA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5200 BLUE LAGOON DRIVE
SUITE 200
MIAMI FL 33126

Mailing Address

5200 BLUE LAGOON DRIVE
SUITE 200
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1993

3a. Date of Last Report

07/01/1994

4. FEI Number

35-1916174

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

2. Principal Place of Business

21. 1121 ALDERMAN DR.

2a. Mailing Address

26. 1121 ALDERMAN DR.

Suite Apt. # etc.

Suite Apt. # etc.

City & State

23. ALPHARETTA, GA

City & State

27. ALPHARETTA, GA

Zip

Country

Zip

Country

24. 30202

25

29. 30202

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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. Thereby 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

1. NAME
D. GILMAN, MILES E
2. STREET ADDRESS
5200 BLUE LAGOON DRIVE, SUITE 200
3. CITY, ST, ZIP
MIAMI FL 33126

4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP

16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP

19. NAME
20. STREET ADDRESS
21. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
PRESIDENT, COO
2. NAME
PATRICK J. FORTUNE
3. STREET ADDRESS
1125 17TH STREET, STE 1500
4. CITY, ST, ZIP
DENVER, CO 80202 ☒ Change ☒ Addition

5. NAME
SECRETARY, CFO
6. NAME
SAM R. LENO
7. STREET ADDRESS
1125 17TH STREET STE 1500
8. CITY, ST, ZIP
DENVER, CO 80202 ☒ Change ☒ Addition

9. NAME
VP TREASURER
10. NAME
RICHARD D. SMITH
11. STREET ADDRESS
1125 17TH STREET STE 1500
12. CITY, ST, ZIP
DENVER, CO 80202 ☒ Change ☒ Addition

13. NAME
CEO
14. NAME
JAMES M. SWEENEY
15. STREET ADDRESS
1125 17TH STREET STE 1500
16. CITY, ST, ZIP
DENVER, CO 80202 ☒ Change ☒ Addition

17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP ☐ Change ☐ Addition

20. NAME
21. STREET ADDRESS
22. CITY, ST, ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on the 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 of this report, or on an attachment with an address: RICHARD M. SMITH

VICE PRESIDENT, TREASURY & TAX

SIGNATURE:

Richard M. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

303.282.4973

Date

Telephone