FILE NOW: 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 # **P94000026985 (9)**

1. Corporation Name

INFUSERVE TAMPA, INC.

Principal Place of Business

3193 TECH DR
ST PETERSBURG FL 33716

Mailing Address

3193 TECH DR
ST PETERSBURG FL 33716

3. Date Incorporated or Qualified: **04/08/1994**

3a. Date of Last Report: **09/19/1995**

4. FEI Number: **59-3059261** ☐ 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. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KAZARIAN, DAVID W
3193 TECH DR.
ST. PETERBURG FL 33716

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. Further, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Date

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	KAZARIAN, DAVID W	
STREET ADDRESS	3193 TECH DR	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	DEV	☐ DELETE
NAME	DUTKIEWICZ, CINDY	
STREET ADDRESS	3193 TECH DR	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	DST	☐ DELETE
NAME	KAZARIAN, NANCY	
STREET ADDRESS	3193 TECH DR	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	DAS	☐ DELETE
NAME	HORVATH, BILL	
STREET ADDRESS	3193 TECH DR	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	DAT	☐ DELETE
NAME	THOMPSON, PATTI	
STREET ADDRESS	3193 TECH DR	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-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		

14. I do hereby certify that the information supplied with this filing is absolutely furnished and does not exist, for the exemption statutes 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, added or deleted.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)