

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 # P94000045921 (1)

1. Corporation Name

U.S. INFUSION CARE, INC.



Principal Place of Business

14280 CARLSON CIRCLE
TAMPA FL 33626

Mailing Address

14280 CARLSON CIRCLE
TAMPA FL 33626

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

06/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3290117

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

10. Name and Address of New Registered Agent

MCNAMARA, THOMAS P
101 EAST KENNEDY BLVD.
SUITE 4100
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2909 Bay To Bay Blvd

83

84

City Tampa

FL

85 Zip Code

33629

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

Signature typed or printed name of registered agent or director (check one)

(If the Registered Agent's signature requires a witness, attach)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DAVIS, RICHARD C
STREET ADDRESS 3384 TARPON WOODS BLVD
CITY-STATE-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME SAUEY, DONALD P
STREET ADDRESS 9390 OLD SOUTHWICK PASS
CITY-STATE-ZIP ALPHARETTA GA

TITLE ☐ DELETE

NAME RAMSEY, MAYNARD III
STREET ADDRESS 903 GOLFVIEW LANE
CITY-STATE-ZIP TAMPA FL

TITLE ☐ DELETE

NAME DOMIN, TERRENCE
STREET ADDRESS 50 REVERE DR., SUITE 200
CITY-STATE-ZIP NORTHBROOK IL

TITLE ☐ DELETE

NAME AYERS, GREGORY S
STREET ADDRESS 3113 WEST SAN CARLOS ST
CITY-STATE-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

14 NAME
15 STREET ADDRESS

14280 Carlson Circle
TAMPA FL 33626

16 CITY-STATE-ZIP

33626

17 CITY-STATE-ZIP

18 CITY-STATE-ZIP

19 CITY-STATE-ZIP

20 CITY-STATE-ZIP

21 CITY-STATE-ZIP

22 CITY-STATE-ZIP

23 CITY-STATE-ZIP

24 CITY-STATE-ZIP

25 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing 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 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:

G.S. Ayers G.S. AYERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 (801) 322 1554
Date Daytime Phone

CR2E034 (12/95)