

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045921

1. Entity Name

U.S. INFUSION CARE, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90955 046 \*\*\*150.00

Principal Place of Business

7650 COURTNEY CAMPBELL CAUSEWAY  
SUITE 1120  
TAMPA FL 33607

Mailing Address

7650 COURTNEY CAMPBELL CAUSEWAY  
SUITE 1120  
TAMPA FL 33777-1527

2. Principal Place of Business

2575 Ulmerton Rd

3. Mailing Address

2575 Ulmerton Rd

Suite, Apt. #, etc.

Ste 210

Suite, Apt. #, etc.

210

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33762

Country

US

Zip

33762

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3290117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ELIZABETH K ESQ  
7650 COURTNEY CAMPBELL CAUSEWAY  
SUITE 1120  
TAMPA FL 33607

Name

Cherish Series

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

241 S McMullen Bosh Rd

#34

City

Clearwater

FL

Zip Code

33759

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Cherish Series

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME D  
STREET ADDRESS 7650 COURTNEY CAMPBELL CSWY #1120  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(727) 656-9955

Daytime Phone #

CR2E034 (9/99)