COF ANNI	PROFIT RPORATION UAL REPORT 1999	Katheríu Secretar	ATMENT OF STATE The Harris y of State CORPORATIONS	Apr 30, 19 Secretary	ED 99 8:00 am y of State 52 009 ***150.00
I. Corporatio	MENT # P95000 In Name H INFUSION SYSTEMS, INC				
Principal Plac	e of Business	Mailing Address			IIII UUIII IIBEE IEIUU IIIIUI IBEE IEI
11- 3rd street south T Petersburg FL 33701		341- 3RD STREET SO UTH - OT PETERSBURG FL- 33701			
I PETERSBUI	RG FL 33/01	-01 FETEN300H0-FL-33/01		DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualifed	
Drincipal B	Place of Business	2a. Mailing Address		03/20/1995 4. FEI Number	Applied For
еппсіраї е			83	59-3325948	Not Applicabl
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	<u></u>	5. Certifcate of Status Desired	\$8.75 Additional
	· · · · · · · · · · · · · · · · · · ·	27 Islamonda	L, PL		Fee Required
City & Stat	te	City & State	-	6. Election Campaign Financing Trust Fund Contribution] \$5.00 May Be Added to Fees
Zip	Country		Country	8. This corporation owes the current	
	25		30	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent
PAT	Terson, Urban J ESQ				
	3RD STREET SOUTH		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
ST F	PETERSBURG FL 33701		83		
·	•		84 City		85 Zip Code
office of r	registered agent, or both, in the State	of Florida, Such change was au	thorized by the corporat	poration submits this statement for the purp ion's board of directors. I hereby accept the	e appointment as registered
agent. I a GNATURE	im familiar with, and accept the obligat	of Florida, Such change was au tions of, Section 607,0505, Flori at and litle if applicable. (NOTE:	thorized by the corporat	ion's board of directors. I hereby accept the	DATE
office or r agent. I a GNATURE	Im familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D	of Florida, Such change was au tions of, Section 607,0505, Flori at and litle if applicable. (NOTE:	thorized by the corporat ida Statutes. Registered Agent signature requir	ed when reinstating)	DATE
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