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FILED

Apr 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000052839 (4)

1. Corporation Name  
WEST INFUSION, INC.

Principal Place of Business

1200 HILLCREST ST  
SUITE 104  
ORLANDO FL 32803  
US

Mailing Address

89015 OVERSEAS HIGHWAY  
SUITE 3  
TAVERNIER FL 33070



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1995

4. FEI Number

65-0594472

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 311 Altamonte Commerce

Suite, Apt. #, etc.  
22 Suite 1602

City & State  
23 Altamonte Springs, FL

Zip  
24 32714

Country  
25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State  
27

Zip  
28

Country  
30

9. Name and Address of Current Registered Agent

WEST, CLEVELAND D  
89015 OVERSEAS HIGHWAY  
SUITE 3  
TAVERNIER FL 33070

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. 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME MOWBRAY, JOHN D.  
STREET ADDRESS 89015 OVERSEAS HWY SUITE 3  
CITY-ST-ZIP TAVERNIER FL

TITLE VD ☐ DELETE

NAME BATTREALL, CATHY C.  
STREET ADDRESS 89015 OVERSEAS HWY SUITE 3  
CITY-ST-ZIP TAVERNIER FL

TITLE P ☐ DELETE

NAME WEST, CLEVELAND D.  
STREET ADDRESS 89015 OVERSEAS HWY SUITE 3  
CITY-ST-ZIP TAVERNIER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 V ☒ 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 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 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:

Cathy Battreall

3.31.98

305 852  
4393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0190460

CR2E034 (10/97)