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 # P95000060789 (1)

1. Corporation Name
INFUSIONCARE, INC.

Principal Place of Business: ~~6500 W 4 AVE HIALEAH FL 31012-6070~~

Mailing Address: ~~6500 W 4 AVE HIALEAH FL 31012-6070~~

3. Date Incorporated or Qualified: 08/07/1995

3a. Date of Last Report:

4. FEI Number: 65-0608851 ☐ 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

2. Principal Place of Business
21 6073 NW 167 St
Suite, Apt. #, etc.
22 Unit C-04
City & State
23 MIAMI, FL
Zip 24 33015 Country 25 USA

2a. Mailing Address
26 3400 CORAL WAY
Suite, Apt. #, etc.
27 600
City & State
28 MIAMI, FLORIDA
Zip 29 33145-3053 Country 30 U.S.A.

9. Name and Address of Current Registered Agent
~~MORENO, ALFREDO~~
~~19750 NW 57 PLACE~~
~~HIALEAH FL 33015~~

10. Name and Address of New Registered Agent
81 Name: ALINA FERRO
82 Street Address (P.O. Box Number is Not Acceptable): 3925 Collins Ave
83 #4F
84 City: SURFSIDE FL 85 Zip Code: 33154

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] ALINA FERRO DATE: 1-22-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
~~D~~	FERRO, ALINA	~~821 W 66 STREET~~	~~HIALEAH FL 33012~~	☐ DELETE
~~D~~	MORENO, ALFREDO	~~19750 NW 57 PLACE~~	~~HIALEAH FL 33015~~	☐ DELETE
D	MORENO, MAXIMINO	~~820 W 43 STREET~~	~~HIALEAH FL 33012~~	☐ DELETE
D	MORENO, MARIA D	~~820 W 43 STREET~~	~~HIALEAH FL 33012~~	☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	PD	FERRO, ALINA	3925 COLLINS AVE., 4F	SURFSIDE, FL. 33154	☒	☐
2	SD	MORENO, ALFREDO	8865 N.W. 189 TERR.	MIAMI, FL. 33015	☒	☐
3	D	MORENO, MAXIMINO	8873 N.W. 189 TERR.	MIAMI, FL. 33015	☒	☐
4	D	MORENO, MARIA	8873 N.W. 189 TERR.	MIAMI, FL. 33015	☒	☐
5					☐	☐
6					☐	☐

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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: [signature] ALINA FERRO. 1/25/96 (305)828-6013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #