

07/15/97 08:30

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FAMILY FOCUS

+++ FRANK WARD

002/002

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG -4 AM 11:09

DOCUMENT # P95000068811

1. Corporation Name

FAMILY FOCUS INFUSION, INC.

Principal Place of Business

1420 FLAGLER AVENUE
JACKSONVILLE FL 32207

Mailing Address

1420 FLAGLER AVENUE
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

03/21/1996

4. FEI Number

59-3332965

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

2b. Mailing Address

28

Suite, Apt. #, etc.

29

City & State

30

Zip

9. Name and Address of Current Registered Agent

DARNELL, KAREN F
1420 FLAGLER AVENUE
JACKSONVILLE FL 32207

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 607.0504, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when retreating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Change Add

Change Add

Change Add

Change Add

Change Add

Change Add

Change Add

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***165.00 ***165.00

14. I do 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. 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 REQUIRED

SIGNATURE AND FORCE ON PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

7/30/97

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Frank P. Ward
Certified Public Accountant

140 N.W. 75th Drive, Suite B • Gainesville, Florida 32607-1587 • (352) 331-1955 • Fax (352) 331-0060

July 23, 1997

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: 1997 Profit Corporation Annual Report
Family Focus Infusion, Inc. 59-3332965

Dear Madam Secretary:

Enclosed is your "Second Notice" completed along with my client's check for the \$165.00 annual filing fee. While I am in agreement that my client had not responded to the initial Annual Return, by May 1, 1997, we request an abatement of the \$385.00 late fee assessed.

These taxpayers, without exception, have filed their tax returns and Florida Annual Reports on time and never had any intention of avoiding the State of Florida statutes. The reason they did not file this report, by May 1, 1997, was because we did not receive the first notice. As you can see my client timely filed their 1996 return on February 21, 1996. Please waive the \$385.00 late fee on my client. I feel it is important to point out that this was an isolated incident and, for this reason, we hope that you will abate the \$385 late fee.

Please notify us as soon as you have made a decision on this matter. We thank you for your consideration.

Sincerely yours,



Frank P Ward

enclosure(s)

copy: Family Focus Home Care, Inc.