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FILED
Apr 29 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 # P96000001846 (0)

1. Corporation Name

ALL MED INFUSION, INC.



Principal Place of Business

Mailing Address

3102 CHERRY PALM DRIVE
SUITE 120
TAMPA FL 33619

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SUITE 120
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1996

4. FEI Number

59-3350398

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENTHORNE, KEITH
3201 CHAPIN AVE
TAMPA FL 33611

81 Name

MELINDA J. COLLADO

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

15212 TILWOOD PLACE

83

84 City

TAMPA

FL

85 Zip Code

33618

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

Melinda J. Collado
Signature typed or printed name of registered agent and title if applicable

MELINDA J. COLLADO, OFFICER

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PSTM
STREET ADDRESS CUCUZ, CYNTHIA
CITY-ST-ZIP 4714 SAN MIGUEL ST
TAMPA FL 33629

TITLE ☐ DELETE

NAME D
STREET ADDRESS CUCUZ, CYNTHIA
CITY-ST-ZIP 4714 SAN MIGUEL ST
TAMPA FL 33629

TITLE ☐ DELETE

NAME VMDC
STREET ADDRESS COLLADO, MELINDA
CITY-ST-ZIP 15212 TILWOOD PLACE
TAMPA FL 33618

TITLE ☐ DELETE

NAME TR
STREET ADDRESS EHRMAN, MARK
CITY-ST-ZIP 55 WINDSOR ROAD
WABAN MA 02168

TITLE ☐ DELETE

NAME TR
STREET ADDRESS HENTHORNE, KEITH
CITY-ST-ZIP 3201 CHAPIN AVE
TAMPA FL 33629

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Sandra B. Mortham

Cynthia CUCUZ

4/11/98 (84) 120-2772

CR2E034 (10/97)