

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001846

1. Entity Name  
ALL MED INFUSION, INC.

Principal Place of Business  
3102 CHERRY PALM DRIVE  
SUITE 120  
TAMPA FL 33619

Mailing Address  
3102 CHERRY PALM DRIVE  
SUITE 120  
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3350398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLADO, MELINDA J  
15212 TILWOOD PLACE  
TAMPA FL 33618

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/01

(713) 620-3773

Date

Daytime Phone #

0087941 AV

CH2E034 (5/01)

FILED  
Sep 13, 2001 8:00 am  
Secretary of State  
09-13-2001 90007 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Attachment # *978463*  
*Pg 00001846*

September 7, 2001

Florida Department of State  
Annual Reports Filings  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

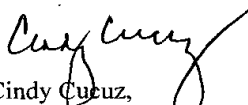
Dear Sir or Madam:

Recently, we received a Second Notice of filing for the Florida Department of State 2001 Uniform Business Report. The second notice states it is due by September 12, 2001. Unfortunately, we never received the initial notice for 2001 and as a result, did not submit it to you. We did not realize the initial notice had not been received until the second notice arrived. As you can see from prior years, All Med Infusion has been submitting this report in a timely manner. When I spoke with a representative from your office, she suggested I enclose my payment with a letter of explanation as to why we are submitting this report in September. At this time we are asking you to please recognize our intent was not to be delinquent with this information. Had we received the initial report, we would have submitted it in very timely manner as in prior years.

Please accept the original fee of \$150.00 as our payment in full along with the enclosed information. We are requesting your consideration in waiving the late filing fee of \$550.00 and accepting the original fee from us. I will call to follow-up with you shortly. Should you need to speak with me further about the above matter, please feel free to contact me at (813) 620-3773.

Thank you very much for your consideration.

Sincerely,

  
Cindy Cucuz,  
Director of Operations

Enclosures

3102 Cherry Palm Drive  
Suite 120  
Tampa, Florida 33619  
Allmedinf@aol.com  
Fax 813-620-3911  
Phone 813-620-3773