

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90007 038 ***150.00

0087941 AV

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-3350398	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLADO, MELINDA J 15212 TILWOOD PLACE TAMPA FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STMD CUCUZ, CYNTHIA STREET ADDRESS 4714 SAN MIGUEL ST CITY-ST-ZIP TAMPA FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PMDC COLLADO, MELINDA STREET ADDRESS 15212 TILWOOD PLACE CITY-ST-ZIP TAMPA FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TR EHRMAN, MARK STREET ADDRESS 55 WINDSOR ROAD CITY-ST-ZIP WABAN MA 02168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cynthia Cucuz* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/01 Date

(713)620-3773 Business Phone #

CR2E034 (5/01)



Attachment # P 96 00001846
978463

September 7, 2001

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

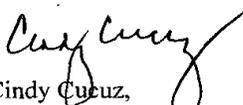
Dear Sir or Madam:

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

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Suite 120
Tampa, Florida 33619
Allmedinf@aol.com
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Phone 813-620-3773