FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

<table>
<tr><td>
PROFIT
CORPORATION
ANNUAL REPORT
1997
</td><td>
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS
</td></tr>
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FILED

Jan 16 1997 8:00am

Secretary of State

DOCUMENT # **P96000059157 (3)**

1. Corporation Name

INFECTIONS MANAGED, INC.

Principal Place of Business	Mailing Address
95 FIESTA WAY FT. LAUDERDALE FL 33301	95 FIESTA WAY FT. LAUDERDALE FL 33301-1414

3. Date Incorporated or Qualified **07/15/1996**   3a. Date of Last Report

2. Principal Place of Business [21]   2a. Mailing Address [26]

4. FEI Number *65-0680333*   ☐ Applied For   ☐ Not Applicable

Suite, Apt #, etc [22]   Suite, Apt #, etc. [27]

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State [23]   City & State [28]

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip [24]   Country [25]   Zip [29]   Country [30]

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LIANG, JONATHAN C
95 FIESTA WAY
FT. LAUDERDALE FL 33301

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 607.0505, Florida Statutes.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE NAME **LIANG, JONATHAN C** STREET ADDRESS **95 FIESTA WAY** CITY-ST-ZIP **FT. LAUDERDALE FL 33301**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/6/97   Daytime Phone # (954) 525-1650