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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059157

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 4300 Alton Road	26 Same	07/15/1996	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0680333	Applied For Not Applicable
23 City & State Miami Beach, FL	28 City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 Zip 33140 25 Country USA	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

LIANG, KIM GREEN
95 FIESTA WAY
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: Daniel S. Kushner, CPA
82 Street Address (P.O. Box Number is Not Acceptable): Gerson, Preston & Co., P.A.
83: 666 71st Street
84 City: Miami Beach FL 85 Zip Code: 33141

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] DATE: 5/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	LIANG, KIM GREEN		1.2 NAME	Joseph Chan, M.D.	
STREET ADDRESS	95 FIESTA WAY		1.3 STREET ADDRESS	4300 Alton Road	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		☐ DELETE	2.1 TITLE	Director	☐ Change ☑ Addition
NAME			2.2 NAME	Stephen A. Renna, M.D.	
STREET ADDRESS			2.3 STREET ADDRESS	4750 N. Federal Highway, Ste 200	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE		☐ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME			3.2 NAME	Simon Miguel Edelstein, MD	
STREET ADDRESS			3.3 STREET ADDRESS	16800 N.W. 2nd Avenue, #606	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami, FL 33169	
TITLE		☐ DELETE	4.1 TITLE	Director	☐ Change ☑ Addition
NAME			4.2 NAME	Barry Baker, MD	
STREET ADDRESS			4.3 STREET ADDRESS	7800 S.W. 87th Ave.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL 33173	
TITLE		☐ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME			5.2 NAME	Kenneth Ratzan, MD	
STREET ADDRESS			5.3 STREET ADDRESS	4300 Alton Road	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4/20/99 — 305-674-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/98)