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FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095636 (2)

1. Corporation Name
MEDICAL INFUSION SERVICES, INC.



Principal Place of Business
7425 NW 4TH STREET
PLANTATION FL 33317

Mailing Address
7425 NW 4TH STREET
PLANTATION FL 33317-2204

3. Date Incorporated or Qualified
11/22/1996

3a. Date of Last Report

2. Principal Place of Business
21 10400 GRIFFIN RD.

2a. Mailing Address

Suite, Apt. #, etc.
22 208

Suite, Apt. #, etc.

City & State
23 COOPER CITY FLA

City & State

Zip Country
24 33328 25 USA

Zip Country
29 30

4. FEI Number
65-0709270

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIVETO, CHARLES M JR.
7425 NW 4TH STREET
PLANTATION FL 33317

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's signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME STEWART, LILA
STREET ADDRESS 1250 HAMPTON BLVD., APT. 524
CITY-ST-ZIP NORTH LAUDERDALE FL 33368 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P President
1.2 NAME Michael Carlrow
1.3 STREET ADDRESS 10400 GRIFFIN RD 208
1.4 CITY-ST-ZIP COOPER, CITY FL 33328 ☐ Change ☒ Addition

2.1 TITLE Vice President
2.2 NAME Philip DeSantolo
2.3 STREET ADDRESS 7670 Westwood DR # 709
2.4 CITY-ST-ZIP TAMARAC, FL 33321 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information submitted 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 prior on an attachment with an address.

SIGNATURE:

[Signature]

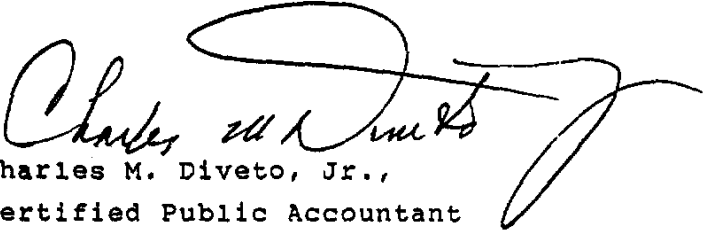
CR2E034 (9/96)



CHARLES M. DIVETO, JR. P.A.
CERTIFIED PUBLIC ACCOUNTANT

INSTRUCTIONS FOR
CORPORATION ANNUAL REPORT

1. Check name and address of current registered agent.
 - a) If wrong, make only the necessary changes in #10 AND SIGN AND DATE CHANGES IN #11.
2. Review Officers and Directors names and addresses in #12.
 - a) If wrong, make changes in #13.
3. Sign, Date, and put your phone number in #14.
4. Make check out to FLORIDA DEPARTMENT OF STATE for \$165.00 and mail with this ENTIRE return in the envelope provided, BEFORE May 1, 1997.


Charles M. Diveto, Jr.,
Certified Public Accountant

Peter
ask
Michael
about
home
address