

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000035403 (9)

1. Corporation Name

INFUSION ALTERNATIVES, INC.



Principal Place of Business 1842 HICKMAN RD JACKSONVILLE FL 32216	Mailing Address 1842 HICKMAN RD JACKSONVILLE FL 32216
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1842 Hickman Road Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL Zip 24 32216 Country 25 USA		2a. Mailing Address 26 1842 Hickman Road Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip 29 32216 Country 30 USA		3. Date Incorporated or Qualified 04/18/1997	
		4. FEI Number 59-3439430		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WALLACE, ROBERT 3805 UNIVERSITY BLVD N JACKSONVILLE FL 32217				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	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. Andrew Coley Jr., M.D.	1.2 NAME	
STREET ADDRESS	1842 Hickman Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32216	1.4 CITY-ST-ZIP	
TITLE	Vice-President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earl H. Eye Jr., M.D.	2.2 NAME	
STREET ADDRESS	1842 Hickman Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32216	2.4 CITY-ST-ZIP	
TITLE	Secy-Treas <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dinesh D. Patel, M.D.	3.2 NAME	
STREET ADDRESS	1842 Hickman Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32216	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*P. Andrew Coley Jr.*

3/17/98

904-725-6300

CR2E034 (10/97)