

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S43905

Entity Name: INFUSERVE AMERICA, INC.

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

### **Current Principal Place of Business:**

3193 TECH DR N  
ST PETERSBURG, FL 337161006 US

### **New Principal Place of Business:**

11880 28TH STREET NORTH  
SUITE 200  
ST PETERSBURG, FL 33716 US

### **Current Mailing Address:**

11880 28TH STREET NORTH  
SUITE 200/ 2ND FLLOOR  
ST PETERSBURG, FL 33716 US

### **New Mailing Address:**

11880 28TH STREET NORTH  
SUITE 200  
ST PETERSBURG, FL 33716 US

FEI Number: 59-3059261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

CRONIN, MICHAEL T  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

### **Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

Title: PTD  
Name: KAZARIAN, DAVID W  
Address: 11880 28TH STREET N, SUITE 200  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VTD  
Name: GRISE, JOHN P  
Address: 11880N 28TH STREET N, SUITE 200  
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID KAZARIAN

P

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date