

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 25 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 # V32187 (9)
1. Corporation Name
I.V. INFUSION CORPORATION



Principal Place of Business
5111 CENTRAL AVE
ST. PETERSBURG FL 33710
US

Mailing Address
5111 CENTRAL AVE.
ST. PETERSBURG FL 33710
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9535 International Ct. N
Suite, Apt. #, etc.
22
City & State
23 St. Petersburg, FL
Zip
24 33716
Country
25

2a. Mailing Address
26 9535 International Ct. N
Suite, Apt. #, etc.
27
City & State
28 St. Petersburg, FL
Zip
29 33716
Country
30

3. Date Incorporated or Qualified 04/27/1992
3a. Date of Last Report 06/25/1996
4. FEI Number 59-3121568
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARDENER, J. STEPHEN
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 *Loraine S. Peacock* 9/23/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--------|
| TITLE | P | DELETE |
| NAME | PEACOCK, LORAIN D | |
| STREET ADDRESS | 5111 CENTRAL AVE. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | |
| TITLE | VP | DELETE |
| NAME | SCOTT, STEPHEN S | |
| STREET ADDRESS | 5111 CENTRAL AVE. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | |
| TITLE | ST | DELETE |
| NAME | CHASTAIN, MEREDITH S | |
| STREET ADDRESS | 4412 WATROUS AVE. | |
| CITY-ST-ZIP | TAMPA FL 33629 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|-------------------------|--------|----------|
| 1.1 TITLE | VP | Change | Addition |
| 1.2 NAME | PEACOCK, LORAIN D | | |
| 1.3 STREET ADDRESS | 9535 International Ct. | | |
| 1.4 CITY-ST-ZIP | St. Petersburg FL 33716 | | |
| 2.1 TITLE | VP | Change | Addition |
| 2.2 NAME | SCOTT, STEPHEN S | | |
| 2.3 STREET ADDRESS | 9535 International Ct. | | |
| 2.4 CITY-ST-ZIP | St. Petersburg FL 33716 | | |
| 3.1 TITLE | P | Change | Addition |
| 3.2 NAME | CHASTAIN, WILLIAM | | |
| 3.3 STREET ADDRESS | 9535 International Ct. | | |
| 3.4 CITY-ST-ZIP | St. Petersburg FL 33716 | | |
| 4.1 TITLE | | Change | Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | Change | Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | Change | Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

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 *Loraine S. Peacock* 9/23/97

CR2E034 (4/97)