FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V56790** **(1)**

1. Corporate Name
ROBERTSON, INC.

Principal Place of Business	Mailing Address
151 FIRST ST. STE C WINTER HAVEN FL 33880 US	151 FIRST ST. STE C WINTER HAVEN FL 33880 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 139 Avenue C, S W	26 Same
Suite, Apt. #, etc. 22 Winter Haven, FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33880 County 25 Polk	Zip 29 County 30

3. Date Incorporated or Qualified: **08/06/1992**
3a. Date of Last Report: **03/29/1994**
4. FEI Number: **59-3138786** ☐ 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

ROBERTSON, DEBBIE L.
151 FIRST ST.
WINTER HAVEN FL 33880

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 New Registered Agent, and Title if Applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBERTSON, DEBBIE L.
STREET ADDRESS	151 1ST ST.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Debbie L Robertson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/95 Daytime Phone #: (813) 299-8450

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1995

DOCUMENT # V57531 (8)

1. HEALTHINFUSION OF NAPLES, INC.

Principal Place of Business: 5200 BLUE LAGOON DRIVE SUITE 200 MIAMI FL 33126-7000

Mailing Address: 5200 BLUE LAGOON DRIVE SUITE 200 MIAMI FL 33126-7000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated: 08/14/1992

3a. Date of Last Report: 02/22/1994

4. FEI Number: 65-0384713 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Office: 1121 ALDERMAN DR. / ALPHARETTA, GA / 30202

2a. Mailing Address: 1121 ALDERMAN DR. / ALPHARETTA, GA / 30202

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Numbers Not Acceptable):
City: FL Zip Code:

11. [illegible]

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
DP GILMAN, MILES E. 5200 BLUE LAGOON DR. #200 MIAMI FL 33126	[X] Change [X] Addition PRESIDENT, COO PATRICK J. FORTUNE 1125 17TH STREET STE 1500 DENVER, CO 80202
D LEVINSON, MELVIN E., M.D. 5200 BLUE LAGOON DRIVE #200 MIAMI FL 33126	[X] Change [X] Addition SECRETARY, CFO SAM R. LENO 1125 17TH STREET STE 1500 DENVER, CO 80202
D FINE, JEFFREY M. 5200 BLUE LAGOON DRIVE #200 MIAMI FL 33126	[X] Change [X] Addition TREASURER, VP RICHARD SMITH 1125 17TH STREET STE 1500 DENVER, CO 80202
EVP KAUFMAN, STUART R. 5200 BLUE LAGOON DRIVE #200 MIAMI FL 33126	[X] Change [X] Addition CEO JAMES M SWEENEY 1125 17TH STREET STE 1500 DENVER, CO 80202
VCFO THOMPSON, JACK T. 5200 BLUE LAGOON DRIVE #200 MIAMI FL 33126	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. [illegible]

SIGNATURE: Richard M. Smith — RICHARD M. SMITH, VICE PRESIDENT, TREASURY & TAX 4/26/95 — 303 292 4973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0123985 CP