

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004282

FILED
Feb 16, 2009
Secretary of State

Entity Name: INFUSION PARTNERS, INC.

Current Principal Place of Business:

4623 WESLEY AVE., SUITE H
CINCINNATI, OH 45212

New Principal Place of Business:

Current Mailing Address:

4623 WESLEY AVE., SUITE H
CINCINNATI, OH 45212

New Mailing Address:

TWO TOWER BRIDGE
ONE FAYETTE STREET, #150
CONSHOHOCKEN, PA 19428

FEI Number: 58-2102954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOODWARD, GORDON
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: D () Delete
Name: GRAVES, MARY JANE
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: CEOP () Delete
Name: CUCUEL, ROBERT
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: CFOS () Delete
Name: GRAVES, MARY JANE
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150
City-St-Zip: CONSHOHOCKEN, PA 19428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CUCUEL, ROBERT
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VP (X) Change () Addition
Name: GRAVES, MARY JANE
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: SEC (X) Change () Addition
Name: GILBERT, BRUCE
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VP (X) Change () Addition
Name: BROWN, CHUCK
Address: TWO TOWER BRIDGE, 1 FAYETTE ST., SUITE 150
City-St-Zip: CONSHOHOCKEN, PA 19428

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE GILBERT

SEC

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date