

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90302 001 *5,250.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V00822

1. Corporation Name
INFUSION INNOVATIONS OF JACKSONVILLE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 95 HAYDEN AVE 95 HAYDEN AVE
 LEXINGTON MA 02173 LEXINGTON MA 02179
 US US

3. Date Incorporated or Qualified
12/16/1991

4. FEI Number Applied For
65-0314091 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 02420 25 29 02420 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	AT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, MARC	1.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	1.4 CITY-ST-ZIP	02420
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMBEL, DAVID A	2.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	2.4 CITY-ST-ZIP	02420
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEOFFREY SWETT	3.2 NAME	Patrick Moriarty
STREET ADDRESS	95 HAYDEN AVE	3.3 STREET ADDRESS	95 Hayden Ave.
CITY-ST-ZIP	LEXINGTON MA 02173	3.4 CITY-ST-ZIP	Lexington, MA 02420
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINZ J SCHMIDT	4.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	4.4 CITY-ST-ZIP	02420
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS G KOTT	5.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	5.4 CITY-ST-ZIP	02420
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK C WILSON	6.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	6.4 CITY-ST-ZIP	02420

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Marc Lieberman 781-402-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)