

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90160 001 \*6,000.00

**DOCUMENT # V00822**

1. Entity Name

**INFUSION INNOVATIONS OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

95 HAYDEN AVE  
 LEXINGTON MA 02420  
 US

95 HAYDEN AVE  
 LEXINGTON MA 02421-7942  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0314091**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>AT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBERMAN, MARC</b>	NAME	
STREET ADDRESS	<b>95 HAYDEN AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEXINGTON MA 02420</b>	CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMBEL, DAVID A</b>	NAME	
STREET ADDRESS	<b>95 HAYDEN AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEXINGTON MA 02420</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORIARTY, PATRICK</b>	NAME	<b>RUMA, JOSEPH</b>
STREET ADDRESS	<b>95 HAYDEN AVE</b>	STREET ADDRESS	<b>95 HAYDEN AVE</b>
CITY-ST-ZIP	<b>LEXINGTON MA 02420</b>	CITY-ST-ZIP	<b>LEXINGTON MA 02420</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEINZ J SCHMIDT</b>	NAME	
STREET ADDRESS	<b>95 HAYDEN AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEXINGTON MA 02420</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGLAS G KOTT</b>	NAME	
STREET ADDRESS	<b>95 HAYDEN AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEXINGTON MA 02420</b>	CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARK C WILSON</b>	NAME	
STREET ADDRESS	<b>95 HAYDEN AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEXINGTON MA 02420</b>	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED MARC LIEBERMAN *4-19-00* *781-402-9000*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

13074



DO NOT WRITE IN THIS SPACE

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13074

**INFUSION INNOVATIONS OF JACKSONVILLE, INC.**

**LIST OF OFFICERS AND DIRECTORS**

03/23/2000

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>RESIDENCE</b>
BEN J. LIPPS	DIRECTOR	67 MARLBOROUGH STREET, #3 BOSTON, MA 02116
DWIGHT MORGAN	DIRECTOR	2 JAY LANE ACTON, MA 04001
<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>RESIDENCE</b>
BEN J. LIPPS	PRESIDENT	67 MARLBOROUGH STREET, #3 BOSTON, MA 02116
JOSEPH J. RUMA	VICE PRESIDENT	15 BLUEBERRY HILL ROAD ANDOVER, MA 01810
RONALD J. KUERBITZ	VICE PRESIDENT	47 PARK AVENUE WELLESLEY, MA 02481
ROBERT MCGORTY	VICE PRESIDENT	2 WALTER CIRCLE WESTFORD, MA 01886
DWIGHT MORGAN	VICE PRESIDENT	2 JAY LANE ACTON, MA 04001
RAMON YI	TREASURER	30 FAITH DRIVE DERRY, NH 03038
MARC S. LIEBERMAN	ASSISTANT TREASURER	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	50 SUNNYSIDE AVENUE READING, MA 01867
DOUGLAS G. KOTT	SECRETARY	97 GLEN STREET SOUTH NATICK, MA 01760
DEBORAH CASEY	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARK C. WILSON	ASSISTANT SECRETARY	382 MT. BLUE STREET NORWELL, MA 02061

**CORPORATE HEADQUARTERS:**

95 Hayden Avenue  
Lexington, MA 02420