

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0671933

05-03-2001 90378 001 *5,400.00

DOCUMENT # V00822

1. Entity Name
INFUSION INNOVATIONS OF JACKSONVILLE, INC.

Principal Place of Business 95 HAYDEN AVE LEXINGTON MA 02420 US	Mailing Address 95 HAYDEN AVE LEXINGTON MA 02420 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0314091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
AT LIEBERMAN, MARC 95 HAYDEN AVE LEXINGTON MA 02420	
AS KEMBEL, DAVID A 95 HAYDEN AVE LEXINGTON MA 02420	
V MORIARTY, PATRICK 95 HAYDEN AVE LEXINGTON MA 02420	<input checked="" type="checkbox"/> Delete
F HEINZ J SCHMIDT 95 HAYDEN AVE LEXINGTON MA 02420	<input checked="" type="checkbox"/> Delete
S DOUGLAS G KOTT 95 HAYDEN AVE LEXINGTON MA 02420	<input type="checkbox"/> Delete
AS MARK G WILSON 95 HAYDEN AVE LEXINGTON MA 02420	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T LIEBERMAN, MARC 95 HAYDEN AVENUE LEXINGTON, MA 02420	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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: *Marc Lieberman* **MARC LIEBERMAN, TREASURER** 4/19/01 **781-402-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)