

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # V67594**

1. Entity Name

**INFUSION INNOVATIONS OF TAMPA, INC.**

**13075**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>HAYDEN AVE LEXINGTON MA 02420</b>	Mailing Address <b>95 HAYDEN AVE LEXINGTON MA 02421-7042 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-0362744</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RUMA, JOSEPH 95 HAYDEN AVE LEXINGTON MA 02420</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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* **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)

V67544  
13075

**INFUSION INNOVATIONS OF TAMPA, 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