

F01 000000 1268⁵

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healix Infus Therapy, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Valerie Manis (Name of Person) ~~4800003798164~~ 0
-03/03/01-01101-003
*****70.00 *****70.00

Healix Infusion Therapy, Inc.
(Firm/Company)

6001 Savoy Dr. Ste. 400
(Address)

Houston, Texas 77036
(City/State and Zip code)

For further information concerning this matter, please call:

Valerie Manis at (713) 735-3402
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Heafix Infusion Therapy, Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Texas 3. File# 1129449
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 6, 1989 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 6001 Savoy Dr. Ste 400 Houston, Texas 77036
(Principal office address)
Same As Above
(Current mailing address)
8. Pharmacy Management
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Rd.
Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jennifer L. McBurnett
Registered Secretary

Jennifer McBurnett
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attachment

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature] Vice President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Irwin F. Silverstein
(Typed or printed name and capacity of person signing application)

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SECRET
FEDERAL RESERVE BOARD

Healix Infusion Therapy, Inc. Officers

OFFICERS

Name	Title	Address	Effective Date of Title
Chaveleh, Alan B.	President	67 The Oval Sugarland, TX 77479	Oct-89
Baharloo, Mort	Chairman of the Board	P.O. Box 742745 Houston, TX 77274	Oct-89
Silverstein, Irwin F.	Secretary/Vice President	25 The Oval Sugarland, TX 77479	Feb-95
Moore, Manijeh D.	Vice President	1218 Springwood Dr. Sugarland, TX 77479	Oct-90
Sirisaengtaksin, Noemi	Vice President	8335 Mentmore Dr. Spring, TX 77379	Oct-92
Winters, Mark G.	Vice President	74 Greensward Sugarland, TX 77479	Aug-90
Newcomer, Darrell R.	Vice President	3622 Fir Forest Dr. Spring, TX 77388	Jun-97
Parker, Brenda Y.	Vice President	6531 Wanda Lane Houston, TX 77074	Feb-98
Park, John	Vice President	119 Lindencrest Court, Sugarland, TX 77479	May-00

BOARD OF DIRECTORS

Mort Baharloo	Chairman	see above
Alan Chaveleh		see above

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Henry Cuellar *BAM*
Secretary of State