2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# F01000001268

Entity Name: HEALIX INFUSION THERAPY, INC.

Current Principal Place of Business:

14140 SW FREEWAY
STE 400
SUGAR LAND, TX 77478

New Principal Place of Business:

Current Mailing Address:

14140 SW FREEWAY
STE 400
SUGAR LAND, TX 77478

New Mailing Address:

FEI Number: 76-0291601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHAVELEH, ALAN B
Address: 14140 SOUTHWEST FWY 400
City-St-Zip: SUGARLAND, TX 77478

Title: VS
Name: SILVERSTEIN, IRWIN F
Address: 14140 SOUTHWEST FWY 400
City-St-Zip: SUGARLAND, TX 77478

Title: V
Name: MOORE, MANIJEH D
Address: 14140 SOUTHWEST FWY 400
City-St-Zip: SUGARLAND, TX 77478

Title: V
Name: SIRISSAENGTAKSIN, NOEMI
Address: 14140 SOUTHWEST FWY 400
City-St-Zip: SUGARLAND, TX 77478

Title: V
Name: WINTERS, MARK G
Address: 14140 SOUTHWEST FWY 400
City-St-Zip: SUGARLAND, TX 77478

Title: V
Name: GALLEGOS, JOSEPH
Address: 14140 SOUTHWEST FWY 400
City-St-Zip: SUGAR LAND, TX 77478

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH M GALLEGOS V 04/25/2012

Electronic Signature of Signing Officer or Director — Date