

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001268

Entity Name: HEALIX INFUSION THERAPY, INC.**Current Principal Place of Business:**14140 SW FREEWAY
STE 400
SUGAR LAND, TX 77478**Current Mailing Address:**14140 SW FREEWAY
STE 400
SUGAR LAND, TX 77478**FEI Number:** 76-0291601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title PRESIDENT, CEO
Name CHAVELEH, ALAN B
Address 14140 SOUTHWEST FWY 400
City-State-Zip: SUGARLAND TX 77478

Title SECRETARY, VP
Name SILVERSTEIN, IRWIN F
Address 14140 SOUTHWEST FWY 400
City-State-Zip: SUGARLAND TX 77478

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

Title VP
Name SIRISSAENG TAKSIN, NOEMI
Address 14140 SOUTHWEST FWY 400
City-State-Zip: SUGARLAND TX 77478

Title COO, VP
Name WINTERS, MARK G
Address 14140 SOUTHWEST FWY 400
City-State-Zip: SUGARLAND TX 77478

Title TREASURER, CFO
Name GALLEGOS, JOSEPH
Address 14140 SOUTHWEST FWY 400
City-State-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 GALLEGOS**CFO****04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date