

2016 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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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**TREASURER****04/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date