

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90087 047 \*\*\*150.00

0629479 AT

**DOCUMENT # F01000001268**

1. Entity Name

**HEALIX INFUSION THERAPY, INC.**

Principal Place of Business

**6001 SAVOY DR., STE 400  
HOUSTON TX 77036**

Mailing Address

**6001 SAVOY DR., STE 400  
HOUSTON TX 77036**

2. Principal Place of Business

**14140 S.W. Freeway**

3. Mailing Address

**14140 S.W. Freeway**

Suite, Apt. #, etc.

**Ste. 400**

Suite, Apt. #, etc.

**Ste. 400**

City & State

**Sugar Land, Texas**

City & State

**Sugar Land, Texas**

4. FEI Number

**76-0291601**

☒ Applied For

☐ Not Applicable

Zip

**77478**

Country

**USA**

Zip

**77478**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CHAVEELEH, ALAN B</b>	
STREET ADDRESS	<b>67 THE OVAL</b>	
CITY-ST-ZIP	<b>SUGARLAND TX</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>SILVERSTEIN, IRWIN F</b>	
STREET ADDRESS	<b>25 THE OVAL</b>	
CITY-ST-ZIP	<b>SUGARLAND TX</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, MANIJEH D</b>	
STREET ADDRESS	<b>1218 SPRINGWOOD DR.</b>	
CITY-ST-ZIP	<b>SUGARLAND TX</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SIRISSAENG TAKSIN, NOEMI</b>	
STREET ADDRESS	<b>74 GREENSWARD</b>	
CITY-ST-ZIP	<b>SUGARLAND TX</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WINTERS, MARK G</b>	
STREET ADDRESS	<b>74 GREENSWARD</b>	
CITY-ST-ZIP	<b>SUGARLAND TX</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NEWCOMER, DARRELL G</b>	
STREET ADDRESS	<b>3622 FIR FOREST DR.</b>	
CITY-ST-ZIP	<b>SPRING TX</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mort Baharloo</b>	
STREET ADDRESS	<b>14140 S.W. Freeway, Ste. 400</b>	
CITY-ST-ZIP	<b>Sugar Land, Texas 77478</b>	
TITLE	<b>B</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brenda Parker</b>	
STREET ADDRESS	<b>14140 S.W. Freeway, Ste. 400</b>	
CITY-ST-ZIP	<b>Sugar Land, Texas 77478</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Park</b>	
STREET ADDRESS	<b>14140 S.W. Freeway, Ste. 400</b>	
CITY-ST-ZIP	<b>Sugar Land, Texas 77478</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joseph Gallegos</b>	
STREET ADDRESS	<b>14140 S.W. Freeway, Ste. 400</b>	
CITY-ST-ZIP	<b>Sugar Land, Texas 77478</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*IRWIN F SILVERSTEIN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**281-295-4000**

CR2E034 (9/01)