


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90111 035 ***150.00

DOCUMENT # F01000001268			
1. Entity Name HEALIX INFUSION THERAPY, INC.			
Principal Place of Business 14140 SW FREEWAY STE 400 SUGAR LAND TX 77478		Mailing Address 14140 SW FREEWAY STE 400 SUGAR LAND TX 77478	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 76-0291601		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAVELEH, ALAN B 67 THE OVAL SUGARLAND TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOE GARCIA 14140 SW FREEWAY #400 SUGARLAND TX 77478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SILVERSTEIN, IRWIN F 25 THE OVAL SUGARLAND TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRENDA PARKER 14140 SW FREEWAY #400 SUGARLAND, TX 77478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, MANIJEH D 1218 SPRINGWOOD DR. SUGARLAND TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MORT BATTALLOU 14140 SW FREEWAY #400 SUGARLAND, TX 77478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIRISSAENG TAKSIN, NOEMI 74 GREENSWARD SUGARLAND TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRANK CHAVELEH 14140 SW FREEWAY #400 SUGARLAND, TX 77478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINTERS, MARK G 74 GREENSWARD SUGARLAND TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN PARK 14140 SW FREEWAY #400 SUGARLAND, TX 77478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWCOMER, DARRELL G 3622 FIR FOREST DR. SPRING TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  CFO
Date: 4/29/05 Daytime Phone #: 281 295 4109