

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90015 023 ***150.00

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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**

40049128



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
76-0291601

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Gallegos	
STREET ADDRESS	4607 BIRCH ST	
CITY-ST-ZIP	BELLARE, TX 77401	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07

Date

281 295 4109

Daytime Phone #