2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# F01000001268

Entity Name: HEALIX INFUSION THERAPY, INC.

Current Principal Place of Business:

14140 SW FREEWAY
STE 400
SUGAR LAND, TX 77478

New Principal Place of Business:

Current Mailing Address:

14140 SW FREEWAY
STE 400
SUGAR LAND, TX 77478

New Mailing Address:

FEI Number: 76-0291601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHAVELEH, ALAN B
Address: 67 THE OVAL
City-St-Zip: SUGARLAND, TX

Title: VS ( ) Delete
Name: SILVERSTEIN, IRWIN F
Address: 25 THE OVAL
City-St-Zip: SUGARLAND, TX

Title: V ( ) Delete
Name: MOORE, MANIJEH D
Address: 1218 SPRINGWOOD DR.
City-St-Zip: SUGARLAND, TX

Title: V ( ) Delete
Name: SIRISSAENGTAKSIN, NOEMI
Address: 74 GREENSWARD
City-St-Zip: SUGARLAND, TX

Title: V ( ) Delete
Name: WINTERS, MARK G
Address: 74 GREENSWARD
City-St-Zip: SUGARLAND, TX

Title: V ( ) Delete
Name: GALLEGOS, JOSEPH
Address: 4607 BIRCH ST
City-St-Zip: BELLAIRE, TX 77401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOE GALLEGOSE V 04/28/2009

Electronic Signature of Signing Officer or Director — Date