

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000045120

**Entity Name:** TRIAXIAL MEDICAL INCORPORATED

**Current Principal Place of Business:**

900 EAST OCEAN BLVD.  
SUITE D-130  
STUART, FL 34994-3501

**Current Mailing Address:**

900 EAST OCEAN BLVD.  
SUITE D-130  
STUART, FL 34994-3501 US

**FEI Number:** 34-1984984

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COOK, GEOFFREY A  
504 SW SOUTH CAROLINA DRIVE  
STUART, FL 34994 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                PRES  
Name                COOK, GEOFFREY A  
Address            504 SW SOUTH CAROLINA DRIVE  
City-State-Zip:    STUART FL 34994

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:** GEOFFREY A. COOK

**PRESIDENT**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date