

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000045120

**FILED  
Mar 28, 2018  
Secretary of State  
CC6537329708**

**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: No**

**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	Title	CEO
Name	COOK, GEOFFREY A	Name	COOK, JAN
Address	504 SW SOUTH CAROLINA DRIVE	Address	900 EAST OCEAN BLVD. SUITE D-130
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994-3501

*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**

**03/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date