2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90050 044 ***150.00

DOCUMENT # P02000054100 1. Entity Name ILEX MEDICAL, INC.								04-11-2008 9	90050 044 **	*150	0.00
Principal Place of Business				laiting Address	1	4 4 11 11 6	5631				
370 CYPRESS CREEK				PO BOX 1060		150000					
OLDSMAR, FL 34677				OLDSMAR, FL 34677	i i	· .					
						•	Language		74 BO(B) DIII DIBBA ((B))		
2. Principal Place of Business - No P.O. Box #			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		03212008 Chg-P CR2E034 (12/06)					
City & State				City & State		4. FEI Numbe	er		Ар	plied For	
										t Applicable	
Zíp	Zip Country		Ì	Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current				stered Agent	1	7. Name and	Address of New R		squirec		
						Name					
HOLLY, JAMES T PRES											
370 CYPRESS CREEK CIRCLE OLDSMAR, FL 34677						Street Address (P.O. Box Number is Not Acceptable)					
OLDOMAN	V, I E 0-10	' ·									
						City FL Zip Code					;
The above gamed gatily allowed the statement for the auroses of about in the second						ad office or registe	red agent or bot	h in the State of Ele		r weith	and accont
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 Agrisered agent.											
4/4/20											
SIGNATURE Signature typed contribled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND					ADDITIONS/	CHANGES TO OFF				
TITLE	PSTD	AMEG T		☐ Delete	TITLE				☐ CI	ange	☐ Addition
NAME STREET ADDRESS	HOLLY, JAMES T PO BOX 1060				NAM STRE	EET ADDRESS					
City-St-ZIP	OLDSMAR, FL 34677				-ST-ZIP						
TITLE	İ			☐ Delete	TITLE	E			□ cı	nange	☐ Addition
NAME					NAM	IE				•	
STREET ADDRESS	ļ					EET ADDRESS					
CITY-ST-ZIP	ļ				CiTY	-S1-ZIP					
TITLE				☐ Delete	TITL	l			□ CI	ange	Addition
NAME STREET ADDRESS					NAM	eet address					
CITY-ST-ZIP	-				ı	-ST-ZIP					
TITLE	 			☐ Delete	TITL	E			□ Ct	nange	Addition
NAME					NAM	NE.			_		
STREET ADDRESS					STRE	EET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE				☐ Delete	TITU					lange	Addition
NAME					NAM						
STREET ADDRESS CITY-ST-ZIP	İ					EET ADDRESS '- ST-ZIP					
TITLE	 -	 		Delete	TITL				C/		Addition
NAME	1			in Delete	NAM	I			_ ,	yu	
STREET ADDRESS					STRI	EET ADDRESS					
CITY-ST-ZIP .					CITY	'-ST-ZIP					
12. I hereby	certify that th	e information supplie	d with this	filing does not qualify fo	or the ex	emptions contained	d in Chapter 119	, Florida Statutes, I	further certify that	the in	formation
of the cor	12. I hereby certify that the information supplied with this filling 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 to 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 employered 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 adaptivest. with all other like empowered.										

UNTED NAME OF SIGNING OFFICER OR DIRECTOR