

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054100

Entity Name: ILEX MEDICAL, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

370 CYPRESS CREEK
OLDSMAR, FL 34677

New Principal Place of Business:

1114 119TH TERRACE NORTH
SAINT PETERSBURG, FL 33716

Current Mailing Address:

PO BOX 1060
OLDSMAR, FL 34677

New Mailing Address:

1114 119TH TERRACE NORTH
SAINT PETERSBURG, FL 33716

FEI Number: 04-3664303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLY, JAMES T PRES
370 CYPRESS CREEK CIRCLE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

HOLLY, JAMES T PRES
1114 119TH TERRACE NORTH
SAINT PETERSBURG, FL 33716 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: JT HOLLY

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HOLLY, JAMES T
Address: PO BOX 1060
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HOLLY, JAMES T
Address: 1114 119TH TERRACE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

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: JT HOLLY

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date