

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000054100

Entity Name: ILEX MEDICAL, INC.

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1114 119TH TERRACE NORTH  
SAINT PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

1114 119TH TERRACE NORTH  
SAINT PETERSBURG, FL 33716

**New Mailing Address:**

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  
1114 119TH TERRACE NORTH  
SAINT PETERSBURG, FL 33716 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: PSTD  
Name: HOLLY, JAMES T  
Address: 1114 119TH TERRACE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33716

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: JAMES TIMOTHY HOLLY

MR.

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date