


**2008 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90021 042 \*\*\*150.00

DOCUMENT # P04000101380	
1. Entity Name AAXIOM HEALTH SERVICES, INC.	

Principal Place of Business 1755 S. KINGS AVE BRANDON, FL 33511	Mailing Address 7110 LAUDER PLACE 1755 S. Kings Ave. TAMPA, FL 33617 Brandon, FL 33511
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04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1357353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAMPBELL, JONATHAN B  
 7110 LAUDER PLACE  
 TAMPA, FL 33617  
 1755 South Kings Avenue  
 Brandon, FL 33511

**DO NOT WRITE IN THIS SPACE**

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 registered agent.

SIGNATURE \_\_\_\_\_ (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 Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPBELL, KRISTI 7110 LAUDER PLACE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS CAMPBELL, JONATHAN B 7110 LAUDER PLACE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 is 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 empowered 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 address, with all other like empowered.

SIGNATURE: Jon B. Campbell Jon B. Campbell 4/7/2008 813-684-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #