

**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



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 ☐

\$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

Signature, typed or printed 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CAMPBELL, KRISTI
STREET ADDRESS 7110 LAUDER PLACE
CITY-ST-ZIP TAMPA, FL 33617

TITLE PS
NAME CAMPBELL, JONATHAN B
STREET ADDRESS 7110 LAUDER PLACE
CITY-ST-ZIP TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon B. Campbell

4/7/2008

813-684-1990

Date

Daytime Phone #