

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055346

Entity Name: IFXMEDICAL, INC.

FILED  
Jan 17, 2011  
Secretary of State

## Current Principal Place of Business:

630 SHERRY DRIVE  
ATLANTIC BEACH, FL 32233

## Current Mailing Address:

630 SHERRY DRIVE  
ATLANTIC BEACH, FL 32233

## New Principal Place of Business:

2415 COSTA VERDE BLVD  
UNIT - 206  
JACKSONVILLE BEACH, FL 322350

## New Mailing Address:

P.O BOX 51466  
JACKSONVILLE BEACH, FL 32240

FEI Number: 56-2658604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRESPONEVIN, INES  
630 SHERRY DR  
ATLANTIC BEACH, FL 32233 US

## Name and Address of New Registered Agent:

CRESPONEVIN, INES  
2415 COSTA VERDE BLVD  
UNIT - 206  
JACKSONVILLE BEACH, FL 32250 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:

Electronic Signature of Registered Agent

01/17/2011

Date

## OFFICERS AND DIRECTORS:

Title: CEO  
Name: NEVIN, NIC  
Address: 2415 COSTA VERDE BLVD UNIT - 206  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: COO  
Name: CRESPO NEVIN, INES  
Address: 2415 COSTA VERDE BLVD UNIT - 206  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: INES CRESPONEVIN

COO

01/17/2011

Electronic Signature of Signing Officer or Director

Date