

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034686

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: GALIX BIOMEDICAL INSTRUMENTATION, INC.

**Current Principal Place of Business:**

2555 COLLINS AVENUE  
SUITE C-5  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

2555 COLLINS AVENUE  
SUITE C-5  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 65-0426433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORDOVA, ANGEL  
780 N.W. 42 AVE  
SUITE 416  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

CORDOVA, ANGEL  
782 NW 42 AVENUE  
SUITE 340  
MIAMI, FL 33126 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:

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GAVRIELIDES, JORDAN  
Address: 2555 COLLINS AVE. SUITE C-5  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JORDAN GAVRIELIDES

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date