

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055346

Entity Name: IFXMEDICAL, INC.

Current Principal Place of Business:

2320 3RD STREET SOUTH
SUITE 13
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

P.O BOX 51466
JACKSONVILLE BEACH, FL 32240

FEI Number: 56-2658604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRESPONEVIN, INES
2320 3RD STREET SOUTH
SUITE 13
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

Date

Officer/Director Detail :

Title	CEO	Title	COO
Name	NEVIN, NIC	Name	CRESPO NEVIN, INES
Address	P.O BOX 51466	Address	P.O BOX 51466
City-State-Zip:	JACKSONVILLE BEACH FL 32240	City-State-Zip:	JACKSONVILLE BEACH FL 32240

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

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date