

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000089892

Entity Name: TRAUMAFX SOLUTIONS INC.**Current Principal Place of Business:**1001 EAST PALM AVENUE
TAMPA, FL 33605**Current Mailing Address:**1001 EAST PALM AVENUE
TAMPA, FL 33605**FEI Number:** 46-4281028**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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	DIRECTOR
Name	LIBERATORE, JOSEPH J
Address	1001 EAST PALM AVENUE
City-State-Zip:	TAMPA FL 33605

Title	DIRECTOR, PRESIDENT
Name	KELLY, DAVID
Address	1001 EAST PALM AVENUE
City-State-Zip:	TAMPA FL 33605

Title	TREASURER
Name	SOTO, EDWIN
Address	1001 EAST PALM AVENUE
City-State-Zip:	TAMPA FL 33605

Title	SVP, DIRECTOR
Name	HACKMAN, JEFF
Address	1001 EAST PALM AVENUE
City-State-Zip:	TAMPA FL 33605

Title	SECRETARY
Name	FRANKE, PETE
Address	1001 EAST PALM AVENUE
City-State-Zip:	TAMPA FL 33605

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: EDWIN SOTO**TREASURER****04/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date