

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000034686

**Entity Name:** GALIX BIOMEDICAL INSTRUMENTATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0426433

**Certificate of Status Desired:** No

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

CORDOVA, ANGEL D  
780 NW 42 AVENUE  
SUITE 325  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

*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:** JORDAN GAVRIELIDES

PD

01/18/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date