

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000089892

Entity Name: TRAUMAFX SOLUTIONS INC.

Current Principal Place of Business:

1250 HARRIS BRIDGE ROAD
ANDERSON, SC 29621

Current Mailing Address:

1250 HARRIS BRIDGE ROAD
ANDERSON, SC 29621 US

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 PRESIDENT
Name JOHNSON, ROSS
Address 1250 HARRIS BRIDGE ROAD
City-State-Zip: ANDERSON SC 29621

Title TREASURER
Name JOHNSON, ROSS
Address 1250 HARRIS BRIDGE ROAD
City-State-Zip: ANDERSON SC 29621

Title VP
Name HESTER, RICHARD A.
Address 1250 HARRIS BRIDGE ROAD
City-State-Zip: ANDERSON SC 29621

Title SECRETARY
Name HAABESTAD, PETER H.
Address 1250 HARRIS BRIDGE ROAD
City-State-Zip: ANDERSON SC 29621

Title CFO
Name OWENS, DUANE
Address 1250 HARRIS BRIDGE ROAD
City-State-Zip: ANDERSON SC 29621

Title DIRECTOR
Name HAABESTAD, PETER H.
Address 1250 HARRIS BRIDGE ROAD
City-State-Zip: ANDERSON SC 29621

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: ROSS JOHNSON

PRESIDENT

04/15/2021

Electronic Signature of Signing Officer/Director Detail

Date