

2016 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: Yes

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

02/01/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date