

**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