2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# S48080

Entity Name: INTRX HEALTHCARE CORPORATION

Current Principal Place of Business:

2826 ESPLANADE AVE
STE. A
NEW ORLEANS, LA 70119

New Principal Place of Business:

4330 DUMAINE STREET
NEW ORLEANS, LA 70119

Current Mailing Address:

2826 ESPLANADE AVE
STE. A
NEW ORLEANS, LA 70119

New Mailing Address:

4330 DUMAINE STREET
NEW ORLEANS, LA 70119

FEI Number: 72-1187991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CELANO, JOSEPH
157 MARINE STREET
205
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CELANO, JOSEPH,
Address: 2826 ESPLANADE AVE
City-St-Zip: NEW ORLEANS, LA 70119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CELANO, JOSEPH,
Address: 2826 ESPLANADE AVENUE
City-St-Zip: NEW ORLEANS, LA 70119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH CELANO PRES 04/28/2005

Electronic Signature of Signing Officer or Director — Date