

1.) CORPORATION NAME:

HEALIX INFUSION THERAPY, INC.

DUE DATE: **3/31/2011**

SCC ID NO: **F1504093**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14140 SW FREEWAY STE 400

CITY/ST/ZIP: SUGAR LAND, TX 77478-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ALAN B CHAVELEH
TITLE: PRESIDENT
ADDRESS: 14140 SW FREEWAY STE 400
CITY/ST/ZIP/CO: SUGAR LAND, TX 77478-

OFFICER

DIRECTOR

NAME: JOSEPH GALLEGOS
TITLE: VICE PRESIDENT
ADDRESS: 14140 SW FREEWAY STE 400
CITY/ST/ZIP/CO: SUGAR LAND, TX 77478-

OFFICER

DIRECTOR

NAME: MANI MOORE
TITLE: VICE PRESIDENT
ADDRESS: 14140 SW FREEWAY STE 400
CITY/ST/ZIP/CO: SUGAR LAND, TX 77478-

OFFICER

DIRECTOR

NAME: MORTEZA BAHORLOO
TITLE: CHAIRMAN
ADDRESS: 14140 SOUTHWEST FREEWAY
STE 400
CITY/ST/ZIP/CO: SUGARLAND, TX 77478-

OFFICER

DIRECTOR

NAME: IRWIN SILVERSTEIN
TITLE: SECRETARY
ADDRESS: 14140 SW FREEWAY
SUITE 400
CITY/ST/ZIP/CO: SUGAR LAND, TX 77478-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JOSEPH GALLEGOS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOSEPH GALLEGOS, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>3/31/2011</u> DATE
--	---	--------------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.