

## HEALIX INFUSION THERAPY, LLC

62529

Ref Nbr	Invo Nbr	Invo Date	Invoice Amount	Amount Paid	Disc Taken	Net Check Amt
123	123	11/16/2023	\$6,334.30	\$100.00	0.00	\$100.00



2150 TOWN SQUARE PLACE, STE. 395  
SUGAR LAND, TX 77479

SILICON VALLEY BANK  
SANTA CLARA, CALIFORNIA 95054  
90-4039/1211

6/4/2024

DATE

\$\$\$100.00

AMOUNT

one hundred and 00/100\*\*\*\*\*

PAY  
TO THE  
ORDER  
OF

Curascript  
6272 Lee Vista Boulevard  
Orlando FL 32822  
United States

VOID AFTER 90 DAYS

\_\_\_\_\_  
AUTHORIZED SIGNATURE

⑈062529⑈ ⑆1121140399⑆ 3304170059⑈

## HEALIX INFUSION THERAPY, LLC

62529

Vendor ABCHOME Check Date 6/4/2024 Check Number 4

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