2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# P01000050901

Entity Name: MATRIX HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

1501 E NINTH AVE
TAMPA, FL 33605 37

New Principal Place of Business:

5706 BENJAMIN CENTER DR
SUITE 103
TAMPA, FL 33634 37

Current Mailing Address:

PO BOX 274070
TAMPA, FL 33688

New Mailing Address:

FEI Number: 59-3720653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DITANNA, KEVIN A ESQ.
MORRISON & MILLS, P.A.
1200 W. PLATT STREET #100
TAMPA, FL 33606 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: PD ( ) Delete
Name: MACDONALD, STEVEN A
Address: 740 CORAL REEF
City-St-Zip: TAMPA, FL 33602

Title: SD ( ) Delete
Name: FRITCH, GUERRY S
Address: 4201 WAYSIDE WILLOW COURT
City-St-Zip: TAMPA, FL 33624

Title: T ( ) Delete
Name: FRITCH, JENNIFER L
Address: 4201 WAYSIDE WILLOW COURT
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GUERRY FRITCH SD 02/17/2004

Electronic Signature of Signing Officer or Director Date