2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050901

FILED
May 01, 2009
Secretary of State

Entity Name: MATRIX HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

5706 BENJAMIN CENTER DR
SUITE 103
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

P O 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:

WEINBREN, DON B
101 E. KENNEDY BLVD.
STE. 2700
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: MACDONALD, STEVEN A
Address: 740 CORAL REEF
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: CARDY, THOMAS W
Address: 12808 HARBORWOOD DR
City-St-Zip: LARGO, FL 33774

Title: D ( ) Delete
Name: BEANS, JASON
Address: 850 N MILWAUKEE #320
City-St-Zip: CHICAGO, IL 60622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: MACDONALD, STEVEN A
Address: 3908 AMERICANA DRIVE
City-St-Zip: TAMPA, FL 33634 US

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 exemption stated in Chapter 119, 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: STEVEN A. MACDONALD CEO 05/01/2009
Electronic Signature of Signing Officer or Director — Date