2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050901

Entity Name: MATRIX HEALTHCARE SERVICES, INC.

FILED Feb 03, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5706 BENJAMIN CENTER DR SUITE 103 TAMPA, FL 33634

Current Mailing Address: New Mailing Address:

P O BOX 274070 5706 BENJAMIN CENTER DR TAMPA, FL 33688 SUITE 103 TAMPA, FL 33634

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARDY, THOMAS W 5706 BENJAMIN CENTER DRIVE STE. 103 TAMPA, FL 33634 US

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

OFFICERS AND DIRECTORS:

Title: CEOD

Name: MACDONALD, STEVEN A Address: 546 RIVERA DRIVE City-St-Zip: TAMPA, FL 33606 US

Title: [

 Name:
 CARDY, THOMAS W

 Address:
 12808 HARBORWOOD DR

 City-St-Zip:
 LARGO, FL 33774

Title: D

 Name:
 BEANS, JASON

 Address:
 850 N MILWAUKEE #320

 City-St-Zip:
 CHICAGO, IL 60622

Title: C

Name: KIME, JOHN S

Address: 5503 LEMONWOOD DRIVE City-St-Zip: AUSTIN, TX 78731

Title: C

Name: WALLS, ALLEN P Address: 14804 GRIMSBY PLACE City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: THOMAS W CARDY CFO 02/03/2011