

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000005100

**Entity Name:** MATRIX INTEGRATED PSYCHOLOGICAL SERVICES AND EMPLOYEE ASSISTANCE PROGRAMS, INC.

**FILED**  
**Jan 09, 2018**  
**Secretary of State**  
**CC5085166640**

**Current Principal Place of Business:**

2 EASTON OVAL, SUITE 450  
COLUMBUS, OH 43219

**Current Mailing Address:**

2 EASTON OVAL, SUITE 450  
COLUMBUS, OH 43219

**FEI Number: 31-1446811**

**Certificate of Status Desired: No**

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

MALKOFF, HEATHER  
20191 E COUNTRY CLUB DR, SUITE B  
AVENTURA, FL 33180 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

**Officer/Director Detail :**

Title P  
Name MALKOFF, KURT  
Address 2 EASTON OVAL, SUITE 450  
City-State-Zip: COLUMBUS OH 43219

Title VP  
Name PORTMAN, TOBY  
Address 2 EASTON OVAL, SUITE 450  
City-State-Zip: COLUMBUS OH 43219

Title S  
Name MALKOFF, LESLIE  
Address 2 EASTON OVAL, SUITE 450  
City-State-Zip: COLUMBUS OH 43219

Title T  
Name MALKOFF, HEATHER  
Address 20191 E COUNTRY CLUB DR, SUITE B  
City-State-Zip: AVENTURA FL 33180

*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: TOBY PORTMAN

EXECUTIVE VICE  
PRESIDENT

01/09/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date