

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005100

FILED
Jan 04, 2012
Secretary of State

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

Current Principal Place of Business:

2 EASTON OVAL, SUITE 450
COLUMBUS, OH 43219

New Principal Place of Business:

Current Mailing Address:

2 EASTON OVAL, SUITE 450
COLUMBUS, OH 43219

New Mailing Address:

FEI Number: 31-1446811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: T
Name: MALKOFF, HEATHER
Address: 20191 E COUNTRY CLUB DR, SUITE B
City-St-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

VP

01/04/2012

Electronic Signature of Signing Officer or Director

Date