

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001945

Entity Name: HEALTH MATRIX, LLC

FILED
Jan 20, 2008
Secretary of State

Current Principal Place of Business:

1100 SOUTH FT. HARRISON AVENUE
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1100 SOUTH FT. HARRISON AVENUE
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 37-1481523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAIK, RAJANKUMAR MD
1100 SOUTH FT. HARRISON AVENUE
CLEARWATER, FL 33756 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

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: PATEL, MEHUL MD
Address: 1100 SOUTH FT. HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGMR () Delete
Name: NAIK, RAJANKUMAR MD
Address: 1100 S.FORT HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RAJANKUMAR NAIK

PRES

01/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date