

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065195

Entity Name: MATRIX CARE, LLC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

360 COLUMBIA DRIVE  
102  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1928 COMMERCE LN., STE 1  
JUPITER, FL 33458

**New Mailing Address:**

360 COLUMBIA DRIVE  
102  
WEST PALM BEACH, FL 33409

FEI Number: 59-3603842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OSTBERG, PERNILLE  
360 COLUMBIA DRIVE  
102  
WEST PALM BEACH, FL 33409 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: MGRM  
Name: PERNILLE, OSTBERG  
Address: 360 COLUMBIA DRIVE SUITE 102  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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: PERNILLE OSTBERG

MGRM

04/27/2011

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