

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001962

Entity Name: MATRIX HEALTH CARE, LLC

FILED  
Apr 08, 2005  
Secretary of State

## Current Principal Place of Business:

5150 NORTH TAMIAMI TRAIL, SUITE 207  
NAPLES, FL 34103

## New Principal Place of Business:

8000 N FEDERAL HWY  
SUITE 201  
BOCA RATON, FL 33487

## Current Mailing Address:

5150 NORTH TAMIAMI TRAIL, SUITE 207  
NAPLES, FL 34103

## New Mailing Address:

8000 NORTH FEDERAL HWY  
SUITE 201  
BOCA RATON, FL 33487

FEI Number: 65-1178166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

OSTBERG, PERNILLE  
8000 N FEDERAL HWY  
SUITE 201  
BOCA RATON, FL 33487 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: PERNILLE OSTBERG

04/08/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: ELKINS, DR. ROBERT  
Address: 5150 NORTH TAMIAMI TRAIL, SUITE 207  
City-St-Zip: NAPLES, FL 34103

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ELKINS, ROBERT  
Address: 8000 N. FEDERAL HWY, STE 201  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Change (X) Addition  
Name: OSTBERG, PERNILLE  
Address: 8000 N FEDERAL HWY, STE 201  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PERNILLE OSTBERG

MGR

04/08/2005

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