

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001962

Entity Name: MATRIX HEALTH CARE, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

8000 N FEDERAL HWY
SUITE 201
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

8000 NORTH FEDERAL HWY
SUITE 201
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-1178166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTBERG, PERNILLE
8000 N FEDERAL HWY
SUITE 201
BOCA RATON, FL 33487 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 () Delete
Name: ELKINS, ROBERT
Address: 8000 N. FEDERAL HWY, STE 201
City-St-Zip: BOCA RATON, FL 33487

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

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 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: PERNILLE OSTBERG

MGR

04/28/2006

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