2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 08:00 AM
Secretary of State

DOCUMENT # **M99000001678**

1. Entity Name
MATRIX CARE, LLC

Principal Place of Business	Mailing Address
9240 BONITA BEACH ROAD, SUITE 1101	9240 BONITA BEACH ROAD, SUITE 1101
BONITA SPRINGS FL 34135	BONITA SPRINGS FL 34135

2. Principal Place of Business		3. Mailing Address	
2790 N. FEDERAL HIGHWAY		2790 N. FEDERAL HIGHWAY	
Suite, Apt. #, etc. SUITE 301		Suite, Apt. #, etc. SUITE 301	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33431	Country	Zip 33431	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3603842** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 ____________________ 03/22/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	OSTBERG PERNILLE		NAME	OSTBERG PERNILLE	
STREET ADDRESS	9240 BONITA BEACH ROAD, SUITE 1101		STREET ADDRESS	2790 N. FEDERAL HIGHWAY, SUITE 301	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify 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 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 03/22/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #