

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001678

Entity Name: MATRIX CARE, LLC

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

8000 N. FEDERAL HIGHWAY
SUITE 201
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

8000 N. FEDERAL HIGHWAY
SUITE 201
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-3603842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOM, SENNOTT
8000 N. FEDERAL HIGHWAY
SUITE 201
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

PERNILLE, OSTBERG
8000 N. FEDERAL HIGHWAY
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: MGRM () Delete
Name: OSTBERG, PERNILLE
Address: 8000 N. FEDERAL HIGHWAY, SUITE 201
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: ELKINS, ROBERT N
Address: 8000 N. FEDERAL HIGHWAY, SUITE 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 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

MGRM

04/08/2005

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