


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90093 040 ****61.25

DOCUMENT # N00000004482 1. Entity Name MATRIX HEALTH FOUNDATION, INC.					
Principal Place of Business 933 SHOTGUN ROAD SUNRISE, FL 33326			Mailing Address 933 SHOTGUN ROAD SUNRISE, FL 33326		
2. Principal Place of Business - No P.O. Box # 3300 CORPORATE AVE Suite, Apt. #, etc. 104		3. Mailing Address Suite, Apt. #, etc.			
City & State Weston FL		City & State 		4. FEI Number 65-1023737	
Zip 33331		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HURWITZ, STEPHEN A 933 SHOTGUN ROAD SUNRISE, FL 33326			7. Name and Address of New Registered Agent Name STEPHEN A HURWITZ Street Address (P.O. Box Number is Not Acceptable) 3300 CORPORATE AVE - STE #104 City Weston FL Zip Code 33331		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Stephen A Hurwitz</i></u> STEPHEN A HURWITZ 4/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME HURWITZ, STEPHEN A MR.		TITLE Change	NAME 3300 CORPORATE AVE - STE #104	
STREET ADDRESS 933 SHOTGUN ROAD	CITY-ST-ZIP SUNRISE, FL 33326		STREET ADDRESS Weston FL	CITY-ST-ZIP 33331	
TITLE VPD	NAME KAUFMAN, STUART R		TITLE Change	NAME 3300 CORPORATE AVE - STE #104	
STREET ADDRESS 933 SHOTGUN ROAD	CITY-ST-ZIP SUNRISE, FL 33326		STREET ADDRESS Weston FL	CITY-ST-ZIP 33331	
TITLE VPD	NAME WEINBRUN, GERALD		TITLE Change	NAME GERALD WEINBRUN	
STREET ADDRESS 933 SHOTGUN ROAD	CITY-ST-ZIP SUNRISE, FL 33326		STREET ADDRESS 3300 CORPORATE AVE - STE #104	CITY-ST-ZIP Weston FL 33331	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Stephen A Hurwitz</i></u> STEPHEN A HURWITZ 4/12/07 954-294-0319 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					