

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mertham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005265 (0)**

1. Corporation Name

**HEALING MATRIX THERAPIES, INC.**

Principal Place of Business

**2257 RIVERSIDE AVE  
JACKSONVILLE FL 32204**

Mailing Address

**2257 RIVERSIDE AVE  
JACKSONVILLE FL 32204**



3. Date Incorporated or Qualified

**09/15/1997**

4. FEI Number

**59-3471906**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CARROSICIA, PATRICIA L  
2257 RIVERSIDE AVE  
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PVT CARROSICIA, PATRICIA L**  
STREET ADDRESS **10485 BIGTREE CIR E**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ DELETE  
NAME **SD MORGAN, PAMELA**  
STREET ADDRESS **8805 WHISPERING PINES DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ DELETE  
NAME **Chairperson**  
STREET ADDRESS **Missy Durante D**  
CITY-ST-ZIP **1258 Monterrey Rd Jax. Fl. 32204**

TITLE ☐ DELETE  
NAME **Chairperson**  
STREET ADDRESS **Frieda Sarga D**  
CITY-ST-ZIP **3820 Lavisa St. Cir. Jax. Fl 32217**

TITLE ☐ DELETE  
NAME **Treasurer**  
STREET ADDRESS **Dick Neimann D**  
CITY-ST-ZIP **2257 Riverside Ave,**

TITLE ☐ DELETE  
NAME **Jax. Fl 32204**  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **Treasurer**  
1.3 STREET ADDRESS **Michael Feese D**  
1.4 CITY-ST-ZIP **University Blvd #74**  
**Jax. Fl 32216** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **Secretary**  
2.3 STREET ADDRESS **Connie Doane D**  
2.4 CITY-ST-ZIP **2602 Seagate Ln** ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **StAugustine, Fl 32095**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **Assistant Secretary**  
4.3 STREET ADDRESS **Bertha Dickerson D**  
4.4 CITY-ST-ZIP **3109 West 45th St.** ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **Jax. Fl 32209**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0004451

CR2E037 (10/97)