

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90104 042 ****61.25

DOCUMENT # N97000005265

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/15/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3471906

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARROSICIA, PATRICIA L
2257 RIVERSIDE AVE
JACKSONVILLE FL 32204

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FEESE, MICHAEL	
STREET ADDRESS	UNIVERSITY BLVD, #74	
CITY-ST-ZIP	JAX FL 32216	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOANE, CONNIE	
STREET ADDRESS	2602 SEAGATE LN	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	DURANTE, MISSY	
STREET ADDRESS	1258 MONTERRY RD	
CITY-ST-ZIP	JAX FL 32207	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	DICKERSON, BERTHA	
STREET ADDRESS	3109 W 45TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SARGA, FRIEDA	
STREET ADDRESS	3820 LAVISA ST CIRCLE	
CITY-ST-ZIP	JAX FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	NEIMANN, DICK	
STREET ADDRESS	2257 RIVERSIDE AVE	
CITY-ST-ZIP	JAX FL 32204	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] 4/5/99 9042603375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)