

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005265

1. Entity Name

HEALING MATRIX THERAPIES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90228 012 ****61.25

Principal Place of Business

Mailing Address

2257 RIVERSIDE AVE
JACKSONVILLE FL 32204

2257 RIVERSIDE AVE
JACKSONVILLE FL 32204-4619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3471906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROSICIA, PATRICIA L
2257 RIVERSIDE AVE
JACKSONVILLE FL 32204

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD DOANE, CONNIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2602 SEAGATE LN	
CITY-ST-ZIP	ST-AUGUSTINE FL 32095	
TITLE NAME	DC DURANTE, MISSY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1258 MONTERRY RD	
CITY-ST-ZIP	JAX FL 32207	
TITLE NAME	ASD DICKERSON, BERTHA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3109 W 45TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE NAME	DT NEIMANN, DICK	<input type="checkbox"/> Delete
STREET ADDRESS	2257 RIVERSIDE AVE	
CITY-ST-ZIP	JAX FL 32204	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Dixion, Charlie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2950 St. Johns Ave., #15	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE NAME	Jones, Muriel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10435 Big Tree Cir. W.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 another like empowered.

SIGNATURE: *Patricia L Carrosicia* **PATRICIA L CARROSICIA** 4/6/00 904-387-0254#18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)