

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

0010785

**DOCUMENT # N97000005265**

1. Entity Name

**HEALING MATRIX THERAPIES, INC.**

04-12-2001 90173 014 \*\*\*\*61.25

Principal Place of Business

**2257 RIVERSIDE AVE  
JACKSONVILLE FL 32204**

Mailing Address

**2257 RIVERSIDE AVE  
JACKSONVILLE FL 32204**

00004001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1132 EDGEWOOD AVE. S.  
Suite, Apt. #, etc.**

3. Mailing Address

**1132 EDGEWOOD AVE. S.  
Suite, Apt. #, etc.**

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE, FL**

4. FEI Number

**59-3471906**

Applied For

Not Applicable

Zip

**32205**

Country

**USA**

Zip

**32205**

Country

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CARROSCIA, PATRICIA L.**

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

**1132 EDGEWOOD AVE. S.**

City **JACKSONVILLE**

FL

Zip Code

**32205**

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

TITLE **SD** ☐ Delete  
NAME **DIXON, CHARLIE**  
STREET ADDRESS **2950 ST JOHNS AVE #15**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **DC** ☐ Delete  
NAME **JONES, MURIEL**  
STREET ADDRESS **10435 BIG TREE CIR W**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **DT** ☐ Delete  
NAME **NEIMANN, DICK**  
STREET ADDRESS **2257 RIVERSIDE AVE**  
CITY-ST-ZIP **JAX FL 32204**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **CLAUDE JOHNSON**  
STREET ADDRESS **1017 ASHTON STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE ☐ Change ☒ Addition  
NAME **NEAL STALVEY**  
STREET ADDRESS **3345 WOODROW STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL - 32208**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 all other like empowered.

SIGNATURE:

**PATRICIA L. CARROSCIA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PATRICIA L. CARROSCIA 4/9/01 904-344-3488**

Date

Daytime Phone #

CR2E037 (10/00)