

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005265

1. Entity Name

HEALING MATRIX THERAPIES, INC.

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90046 030 ****61.25

Principal Place of Business Mailing Address
1132 EDGEWOOD AVE S 1132 EDGEWOOD AVE S
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205

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

CARROSCIA, PATRICIA L
1132 EDGEWOOD AVE S
JACKSONVILLE FL 32205

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]* 2/1/02
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 SD
NAME DIXON, CHARLIE
STREET ADDRESS 2950 ST JOHNS AVE #15
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE VICE-PRESIDENT
NAME MARK HENSON
STREET ADDRESS 9998 JEANETTE RD
CITY-ST-ZIP JACKSONVILLE, FL 32246 ☐ Change ☒ Addition

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

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

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

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

TITLE D
NAME JOHNSON, CLAUDE
STREET ADDRESS 1017 ASHTON ST
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

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

TITLE D
NAME STALVEY, NEAL
STREET ADDRESS 1345 WOODROW ST
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *[Signature]* 2/1/02 9043843488
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)