
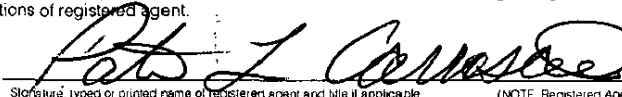
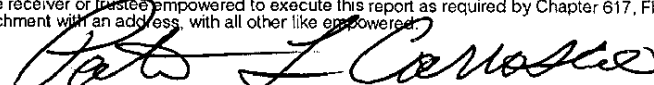


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90198 045 ****70.00

DOCUMENT # N97000005265 1. Entity Name HEALING MATRIX THERAPIES, INC.					
Principal Place of Business 1132 EDGEWOOD AVE S JACKSONVILLE, FL 32205			Mailing Address 1132 EDGEWOOD AVE S JACKSONVILLE, FL 32205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3471906	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARROSICIA, PATRICIA L 1132 EDGEWOOD AVE S JACKSONVILLE, FL 32205				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Patricia L. Carroscia 04/22/2004 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, CHARLIE		NAME		
STREET ADDRESS	2950 ST JOHNS AVE #15		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, MURIEL		NAME	DC MASON, MURIEL	
STREET ADDRESS	10435 BIG TREE CIR W		STREET ADDRESS	3958 MEADOWVIEW DR. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEJESUS, NELSON		NAME		
STREET ADDRESS	3201 CROWN POINT RD., #3034		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, CLAUDE		NAME		
STREET ADDRESS	1017 ASHTON ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STALVEY, NEAL		NAME		
STREET ADDRESS	1345 WOODROW ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARK, HENSON		NAME		
STREET ADDRESS	9998 JEANETTE RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		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 04/22/2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01262004 Chg-NP CR2E037 (10/03)