

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050901

FILED
Feb 03, 2011
Secretary of State

Entity Name: MATRIX HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

5706 BENJAMIN CENTER DR
SUITE 103
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

P O BOX 274070
TAMPA, FL 33688

New Mailing Address:

5706 BENJAMIN CENTER DR
SUITE 103
TAMPA, FL 33634

FEI Number: 59-3720653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDY, THOMAS W
5706 BENJAMIN CENTER DRIVE
STE. 103
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: MACDONALD, STEVEN A
Address: 546 RIVERA DRIVE
City-St-Zip: TAMPA, FL 33606 US

Title: D
Name: CARDY, THOMAS W
Address: 12808 HARBORWOOD DR
City-St-Zip: LARGO, FL 33774

Title: D
Name: BEANS, JASON
Address: 850 N MILWAUKEE #320
City-St-Zip: CHICAGO, IL 60622

Title: O
Name: KIME, JOHN S
Address: 5503 LEMONWOOD DRIVE
City-St-Zip: AUSTIN, TX 78731

Title: O
Name: WALLS, ALLEN P
Address: 14804 GRIMSBY PLACE
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS W CARDY

CFO

02/03/2011

Electronic Signature of Signing Officer or Director

Date