2002 UNIFORM BUSINESS REPORT (UBR)

[redacted] 05-23-2002 90008 025 ***150.00
FILED P01000054886

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054886

1. Entity Name
MATRIX HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
10 NW LEJEUNE RD SUITE 503 MIAMI FL 33126	10 NW LEJEUNE RD SUITE 503 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

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 65-1115431 ☐ 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
IGLESIAS, MANUEL E ESQ 10 NW LEJEUNE RD SUITE 503 MIAMI FL 33126	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDEZ, FRANCISCO 10 NW LEJEUNE RD SUITE 503 MIAMI FL 33126	☐ Delete	D/V.P. MENDEZ, FRANCISCO 10 N.W. LEJEUNE Rd Ste 503 MIAMI, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NUNEZ, RIGOBERTO 10 NW LEJEUNE RD SUITE 503 MIAMI FL 33126	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OCAMPO, ALVARO 10 NW LEJEUNE RD SUITE 503 MIAMI FL 33126	☐ Delete	D/V.P. OCAMPO, ALVARO 10 N.W. LEJEUNE RD Ste 503 MIAMI, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IGLESIAS, MANUEL R 7240 SW 58 STREET MIAMI FL 33146	☐ Delete	D/V.P. IGLESIAS, MANUEL R 7240 S.W. 58 St MIAMI, FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	P/D HERNANDEZ MANUEL J. 10 N.W. LEJEUNE RD Ste 503 MIAMI, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V.P./D MAGDALENO 10 N.W. LEJEUNE Rd. Ste 503 MIAMI, FL 33126	☐ Change ☒ Addition

CR2E034 (9/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SECRETARY 4/29/02 305

SIGNATURE: _____ MANUEL E. IGLESIAS 774-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

Addendum 797475

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1. Entity Name

MATRIX HEALTH SERVICES, INC.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S/T MGR

NAME IGLESIAS, MANUEL E.

STREET ADDRESS 7240 S.W. 58 St

CITY, STATE, ZIP Miami, Fl 33146

13. SIGNATURE MANUEL E. IGLESIAS

SECRETARY 4/25/02

(786) 402-8086