2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P01000054886

Entity Name: MATRIX HEALTH SERVICES, INC.

Current Principal Place of Business:

10 NW LEJEUNE RD SUITE 503
MIAMI, FL 33126

New Principal Place of Business:

7910 NW 25TH STREET
STE 100
MIAMI, FL 33122

Current Mailing Address:

10 NW LEJEUNE RD SUITE 503
MIAMI, FL 33126

New Mailing Address:

7910 NW 25TH STREET
STE 100
MIAMI, FL 33122

FEI Number: 65-1115431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IGLESIAS, MANUEL E ESQ
12300 OLD CUTLER ROAD
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

IGLESIAS, MANUEL E ESQ
2151 LEJEUNE RD
MEZZANINE LEVEL
CORAL GABLES, FL 33134 US

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: MANUEL E. IGLESIAS 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: MENDEZ, FRANCISCO
Address: 10 NW LEJEUNE RD SUITE 503
City-St-Zip: MIAMI, FL 33126

Title: DP ( ) Delete
Name: OCAMPO, ALVARO
Address: 10 NW LEJEUNE RD SUITE 503
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: IGLESIAS, MANUEL R
Address: 7240 SW 58 STREET
City-St-Zip: MIAMI, FL 33146

Title: D ( ) Delete
Name: HERNANDEZ, MANUEL J
Address: 10 NW LEJEUNE RD SUITE 503
City-St-Zip: MIAMI, FL 33126

Title: VPD ( ) Delete
Name: MAGDALEND,
Address: 10 NW LEJEUNE RD SUITE 503
City-St-Zip: MIAMI, FL 33126

Title: S ( ) Delete
Name: IGLESIAS, MANUEL E
Address: 7240 S.W. 58 STREET
City-St-Zip: MIAMI, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MANUEL E. IGLESIAS S 04/30/2004
Electronic Signature of Signing Officer or Director Date