2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90990 011 ***150.00

067373 FP

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10 NW LeJeune Rd #503	10 NW LeJeune Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. #503
City & State Miami FL 33126	City & State Miami FL
Zip / Country	Zip 33126 / 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 MANUEL E. IGLESIAS Street Address (P.O. Box Number is Not Acceptable) 12300 Old Cutler RD City MIAMI FL Zip Code 33156

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 _____ MANUEL E. IGLESIAS 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! ~~FEE IS~~ $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MENDEZ, FRANCISCO 10 NW LEJEUNE RD SUITE 503 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER MENDEZ, FRANCISCO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP OCAMPO, ALVARO 10 NW LEJEUNE RD SUITE 503 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR./PRESIDENT OCAMPO, ALVARO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP IGLESIAS, MANUEL R 7240 SW 58 STREET MIAMI FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR IGLESIAS, MANUEL R	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERNANDEZ, MANUEL J 10 NW LEJEUNE RD SUITE 503 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HERNANDEZ, MANUEL J.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAGDALEND, 10 NW LEJEUNE RD SUITE 503 MIAMI FL 33126	☐ 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	SECRETARY IGLESIAS, MANUEL E.	☐ Change ☒ Addition

CR2E034 (10/02)

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 607, 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: SECRETARY 4/25/03 305 590 1460
MANUEL E. IGLESIAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #