

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116765

FILED
Apr 22, 2004
Secretary of State

Entity Name: MATRIX HEALTH GROUP, INC.

Current Principal Place of Business:

12505 ORANGE DR., SUITE 904
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

12505 ORANGE DR., SUITE 904
DAVIE, FL 33330

New Mailing Address:

FEI Number: 51-0435062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, JOHN P EDS PSY
12505 ORANGE DR., SUITE 904
DAVIE, FL 33330

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANE, JAMES L
Address: 658 SPINNAKER
City-St-Zip: WESTON, FL 33326

Title: V () Delete
Name: KELLY, JOHN P EDS PSY
Address: 12025 SW 22 CT
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN P. KELLY

V

04/22/2004

Electronic Signature of Signing Officer or Director

Date