

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90115 023 \*\*\*150.00

**DOCUMENT # P02000116765**

**1. Entity Name**  
**MATRIX HEALTH GROUP, INC.**



**Principal Place of Business**  
**12025 SW 22 CT**  
**DAVIE FL 33325**

**Mailing Address**  
**12025 SW 22 CT**  
**DAVIE FL 33325**

**2. Principal Place of Business**  
**12505 ORANGE DR.**

**3. Mailing Address**  
**12505 ORANGE DR.**

Suite, Apt. #, etc.  
**Suite 904**

Suite, Apt. #, etc.  
**Suite 904**

City & State  
**DAVIE, FL**

City & State  
**DAVIE, FL**

Zip  
**33330**

Country  
**U.S.**

Zip  
**33330**

Country  
**U.S.**

**4. FEI Number**  
**51-0435062**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**KELLY, JOHN P EDS PSY**  
**12025 SW 22 CT**  
**DAVIE FL 33325**

**7. Name and Address of New Registered Agent**

Name  
**KELLY, JOHN P. EDS PSY**  
Street Address (P.O. Box Number is Not Acceptable)  
**12505 ORANGE DR., Suite 904**  
City  
**DAVIE** FL Zip Code  
**33330**

**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 John P. Kelly, EDS. Psy DATE 3-31-03  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LANE, JAMES L</b> <b>658 SPINNAKER</b> <b>WESTON FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KELLY, JOHN P EDS PSY</b> <b>12025 SW 22 CT</b> <b>DAVIE FL 33325</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: John P. Kelly EDS. Psy DATE 3/31/03 DAYTIME PHONE # 954-370-9027  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034 (10/02)