## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000001890

Name:

Address: City-St-Zip: RUBIN, ERIC E

1511 NW 92 WAY

CORAL SPRINGS, FL 33071

Entity Name: MATRIX MEDICAL CONCEPTS INC

FILED Jan 22, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
1511 NW S	92 WAY PRINGS, FL 3	33071			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1511 NW S	92 WAY PRINGS, FL 3	33071			
FEI Number	: 20-4056673	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
The above	PRINGS, FL 3 named entity e of Florida.		purpose of changing its registered	d office or registered agent, or both,	
0.0		nic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	OUELLETTE, I 1511 NW 92 V		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SOBLE, JONA 1511 NW 92 V		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RAYMOND T. OUELLETTE P 01/22/2008