



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000790781

2. Name of Corporation Matrix Healthcare Services, Incorporated

3. Street Address Principal Business Office:

No. and Street: 5706 BENJAMIN CENTER DRIVE, SUITE 103

City or Town: TAMPA

State: FL Zip: 33634 Country: USA

4. Business Phone No.

813-247-2341

5. State of Incorporation

State: FL

6. Brief Description of the Character of Business Conducted in Rhode Island

HEALTHCARE SERVICES INCLUDING PHARMACY AND ANCILLARY BENEFIT
MANAGEMENT SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CCO	PHIL WALLS	5706 BENJAMIN CENTER DR., SUITE 103 TAMPA, FL 33634 USA
CEO & DIRECTOR	STEVEN MACDONALD	5706 BENJAMIN CENTER DR., SUITE 103 TAMPA, FL 33634 USA
PRESIDENT & DIRECTOR	ARTEMIS EMSLIE	5706 BENJAMIN CENTER DR., SUITE 103 TAMPA, FL 33634 USA
CFO & DIRECTOR	THOMAS CARDY	5706 BENJAMIN CENTER DR., SUITE 103 TAMPA, FL 33634 USA

DIRECTOR

STUART KIME

5706 BENJAMIN CENTER DR., SUITE 103
TAMPA, FL 33634 USA**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP	VOT	\$0.0010	22,776,867.00	22885617
CWP	NVOT	\$0.0010	750,000.00	1662839

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 31 Day of March, 2014 at 6:05:31 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By THOMAS CARDY
Signature of Authorized Representative of the Corporation

CFO & DIRECTOR
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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