



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: 2016

1. Corporate ID No. 000790781

2. Name of Corporation Matrix Healthcare Services, Incorporated

3. Street Address Principal Business Office:

No. and Street: 3111 W DR. MARTIN LUTHER KING JR BLVD
STE 800

City or Town: TAMPA

State: FL Zip: 33607 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	3111 W DR. MARTIN LUTHER KING JR BLVD, STE 800 TAMPA, FL 33607 USA
CEO & DIRECTOR	STEVEN MACDONALD	3111 W DR. MARTIN LUTHER KING JR BLVD, STE 800 TAMPA, FL 33607 USA
PRESIDENT & DIRECTOR	ARTEMIS EMSLIE	3111 W DR. MARTIN LUTHER KING JR BLVD, STE 800 TAMPA, FL 33607 USA
CFO & DIRECTOR	THOMAS CARDY	3111 W DR. MARTIN LUTHER KING JR BLVD, STE 800

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	22930850
CWP	NVOT	\$0.0010	750,000.00	1681606

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 30 Day of March, 2016 at 6:39:40 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

Form No. 630
Revised 09/07