


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000004393</b> 1. Entity Name TRIAD HEALTHCARE, INC.	
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Principal Place of Business 80 SPRING LANE PLAINVILLE, CT 06062	Mailing Address PO BOX 902 PLAINVILLE, CT 06062
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 39-1886617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT VILLANI, AGOSTINO DC 80 SPRING LANE PLAINVILLE, CT 06062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANTHONY, ROBERT ESQ. 185 ASYLUM ST 38TH FLOOR HARTFORD, CT 06103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/27/05-80088-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-14-05 Daytime Phone # \_\_\_\_\_