

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000004393

1. Entity Name
TRIAD HEALTHCARE, INC.



Principal Place of Business
**80 SPRING LANE
PLAINVILLE, CT 06062**

Mailing Address
**PO BOX 902
PLAINVILLE, CT 06062**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1886617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	VILLANI, AGOSTINO DC
STREET ADDRESS	80 SPRING LANE
CITY - ST - ZIP	PLAINVILLE, CT 06062
TITLE	S
NAME	ANTHONY, ROBERT ESQ.
STREET ADDRESS	185 ASYLUM ST 38TH FLOOR
CITY - ST - ZIP	HARTFORD, CT 06103
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000602315
01/26/07-80084-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Daytime Phone #

1.17.07