

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004393

Entity Name: TRIAD HEALTHCARE, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

80 SPRING LANE
PLAINVILLE, CT 06062

New Principal Place of Business:

Current Mailing Address:

PO BOX 902
PLAINVILLE, CT 06062

New Mailing Address:

80 SPRING LANE
PLAINVILLE, CT 06062

FEI Number: 39-1886617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: VILLANI, AGOSTINO DC
Address: 80 SPRING LANE
City-St-Zip: PLAINVILLE, CT 06062

Title: S () Delete
Name: ANTHONY, ROBERT ESQ.
Address: 185 ASYLUM ST 38TH FLOOR
City-St-Zip: HARTFORD, CT 06103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: FOURNIER, JENNIFER ESQ.
Address: 80 SPRING LANE
City-St-Zip: PLAINVILLE, CT 06062

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.

SIGNATURE: AGOSTINO VILLANI

PDT

01/12/2009

Electronic Signature of Signing Officer or Director

Date