

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004393

FILED
Jan 05, 2011
Secretary of State

Entity Name: TRIAD HEALTHCARE, INC.

Current Principal Place of Business:

80 SPRING LANE
PLAINVILLE, CT 06062

New Principal Place of Business:

Current Mailing Address:

80 SPRING LANE
PLAINVILLE, CT 06062

New Mailing Address:

FEI Number: 39-1886617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

OFFICERS AND DIRECTORS:

Title: PDT
Name: COPPOLA, VINCENT
Address: 80 SPRING LANE
City-St-Zip: PLAINVILLE, CT 06062

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

Title: COO
Name: MOFFETT, DANIEL
Address: 80 SPRING LANE
City-St-Zip: PLAINVILLE, CT 06062

Title: CIO
Name: VILLANI, PAUL
Address: 80 SPRING LANE
City-St-Zip: PLAINVILLE, CT 06062

Title: DIR
Name: VILLANI, AGOSTINO DC
Address: 80 SPRING LANE
City-St-Zip: PLAINVILLE, CT 06062

I hereby 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 all other like empowered.

SIGNATURE: AGOSTINO VILLANI

DIR

01/05/2011

Electronic Signature of Signing Officer or Director

Date