2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# F03000004393

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 ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: COPPOLA, VINCENT
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: VINCENT COPPOLA PDT 04/23/2012

Electronic Signature of Signing Officer or Director — Date