

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023457

FILED
Apr 10, 2006
Secretary of State

Entity Name: TRIAD HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

815 CARIBBEAN COURT
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

218 S. BARFIELD DR.
MARCO ISLAND, FL 34145 US

Current Mailing Address:

815 CARIBBEAN COURT
MARCO ISLAND, FL 34145 US

New Mailing Address:

P.O. BOX 1877
MARCO ISLAND, FL 34146 US

FEI Number: 20-4661902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TITGEMEIER, CARL J
815 CARIBBEAN COURT
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

SCHARLACKEN, JOHN W
8142 LOWBANK DR.
NAPLES, FL 34109 US

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: JOHN W SCHARLACKEN

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TITGEMEIER, CARL J
Address: 815 CARIBBEAN COURT
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: MGR () Delete
Name: LEONIA, TERESA
Address: 162 SAXON STREET
City-St-Zip: MARCO ISLAND, FL 34146 US

Title: MGR (X) Delete
Name: ROBINSON, RICHARD
Address: 740 COLLIER, SUITE 209
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: MGR (X) Delete
Name: ROBINSON, PAULA
Address: 740 COLLIER, SUITE 209
City-St-Zip: MARCO ISLAND, FL 34145 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROBINSON, RICHARD
Address: 740 NORTH COLLIER, STE 209
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: MGRM (X) Change () Addition
Name: ROBINSON, PAULA
Address: 740 NORTH COLLIER, STE 209
City-St-Zip: MARCO ISLAND, FL 34145 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD ROBINSON

MGRM

04/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date