

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023457

FILED
Jan 11, 2007
Secretary of State

Entity Name: TRIAD HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 11-3774516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, RICHARD P
740 N COLLIER BLVD
SUITE 209
MARCO ISLAND, FL 34145 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

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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 P. ROBINSON

PRES

01/11/2007

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