

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023457

FILED
Feb 20, 2011
Secretary of State

Entity Name: TRIAD HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

218 S. BARFIELD DR.
SUITE B
MARCO ISLAND, FL 34145 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 PRES
218 S. BARFIELD DR.
SUITE B
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: PRES
Name: ROBINSON, RICHARD P PRES
Address: 218 S. BARFIELD DR., SUITE B
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: EVP
Name: ROBINSON, PAULA M EX VP
Address: 218 S. BARFIELD DR., SUITE B
City-St-Zip: MARCO ISLAND, FL 34145 US

I hereby 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

02/20/2011

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