

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041473

FILED
Apr 28, 2011
Secretary of State

Entity Name: TRI-MED CARE LLC

Current Principal Place of Business:

3661 SOUTH MIAMI AVE., SUITE 704
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3661 SOUTH MIAMI AVE., SUITE 704
MIAMI, FL 33133

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIANA, JOSEPH
3661 SOUTH MIAMI AVE., SUITE 704
MIAMI, FL 33133 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
Name: TRIANA, JOSEPH
Address: 3661 SOUTH MIAMI AVE., SUITE 704
City-St-Zip: MIAMI, FL 33133

Title: MGRM
Name: TRIANA, JOSEPH R
Address: 3661 SOUTH MIAMI AVE., SUITE 704
City-St-Zip: MIAMI, FL 33133

Title: MGRM
Name: TRIANA, ALBERT
Address: 3661 SOUTH MIAMI AVE., SUITE 704
City-St-Zip: MIAMI, FL 33133

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: JOSEPH TRIANA

MGRM

04/28/2011

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