

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042854

FILED
May 01, 2009
Secretary of State

Entity Name: TRIO HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

1685 TIDEWATER COURT
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

1685 TIDEWATER COURT
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 26-2554336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HEROLD, KIMBERLY
1685 TIDEWATER COURT
NAVARRE, FL 32566 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HEROLD, KIMBERLY
Address: 1685 TIDEWATER COURT
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLY D. HEROLD MGR 05/01/2009

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