2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# L10000018057

Entity Name: TRISTAR MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

257 CHARLESTON CT
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

8805 TAMIAMI TRAIL NORTH
122
NAPLES, FL 34108

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:

PAPA, HUGO
257 CHARLESTON CT
NAPLES, FL 34110 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: PAPA, HUGO
Address: 257 CHARLESTON CT
City-St-Zip: NAPLES, FL 34110

Title: MGRM
Name: CORSELLA, STEPHEN T
Address: BOX 128
City-St-Zip: DURHAM, PA 18039

Title: MGRM
Name: MAIORANO, FRANK
Address: P O BOX 608
City-St-Zip: SAVLORSBURG, PA 18353

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 Statues.

SIGNATURE: HUGO PAPA MGRM 02/21/2011

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