

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093733

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** TRIAD MEDICAL PROFESSIONAL MANAGEMENT, LLC

**Current Principal Place of Business:**

20456 LARINO LOOP  
ESTERO, FL 33928

**New Principal Place of Business:**

2723 SOUTH STATE STREET  
ANN ARBOR, MI 48104 US

**Current Mailing Address:**

P.O. BOX 771777  
NAPLES, FL 34107

**New Mailing Address:**

**FEI Number:** 49-2996364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TRIAD ALLIANCE GROUP, LLC  
20456 LARINO LOOP  
ESTERO, FL 33928 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: TRIAD ALLIANCE GROUP, LLC  
Address: 20456 LARINO LOOP  
City-St-Zip: ESTERO, FL 33928

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: JASON M ADAMS

MGRM

03/20/2012

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