

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M81410

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** TRIDENT HEALTHCARE CORPORATION

**Current Principal Place of Business:**

1022 MAIN STREET  
SUITE Q  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

1022 MAIN STREET  
SUITE Q  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 59-2892571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JORDAN, RALPH E.  
1022 MAIN STREET STE Q  
DUNEDIN, FL 346985225 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: JORDAN, RALPH E.  
Address: 1022 MAIN STREET Q  
City-St-Zip: DUNEDIN, FL 346985225

Title: D  
Name: RALPH E JORDAN  
Address: 1022 MAIN STREET STE Q  
City-St-Zip: DUNEDIN, FL 346985225

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RALPH E. JORDAN

CEO

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date