

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2011
Secretary of State

Entity Name: TRIPLE CARE, INC.

Current Principal Place of Business:

3890 W. COMMERCIAL BLVD
216
FORT LAUDERDALE, FL 33309

Current Mailing Address:

3890 W. COMMERCIAL BLVD
216
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

3890 W. COMMERCIAL BLVD
234
FORT LAUDERDALE, FL 33309

New Mailing Address:

3890 W. COMMERCIAL BLVD
234
FORT LAUDERDALE, FL 33309

FEI Number: 65-1039645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMaster, NORMAN
3890 W. COMMERCIAL BLVD., #216
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

MCMaster, NORMAN
3890 W. COMMERCIAL BLVD., #234
FORT LAUDERDALE, FL 33309 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: ROSEMARIE MCMaster

04/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O
Name: MCMaster, ROSEMARIE
Address: 3890 W. COMMERCIAL BLVD., #234
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D
Name: FRANCIS, OLIVIA
Address: 3890 W. COMMERCIAL BLVD., #234
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D
Name: MCMaster, NORMAN
Address: 3890 W. COMMERCIAL BLVD., #234
City-St-Zip: FORT LAUDERDALE, FL 33309

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSEMARIE MCMaster

MGR

04/07/2011

Electronic Signature of Signing Officer or Director

Date