


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90359 024 ****70.00

DOCUMENT # N01000000587	
1. Entity Name TRIAD/S.A.L.T. OF COLLIER COUNTY, INC.	

Principal Place of Business 700 11TH ST. SOUTH SUITE 102 NAPLES, FL 34102	Mailing Address 700 11TH ST. SOUTH 102 NAPLES, FL 34102
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2. Principal Place of Business - No P.O. Box # 770 Goodlette Rd N Suite, Apt. #, etc.	3. Mailing Address P.O. Box 8717 Suite, Apt. #, etc.
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City & State Naples, FL	City & State Naples, FL
Zip 34102	Country USA
Zip 34101-8717	Country USA

04242008 Chg-NP CR2E037 (12/06)

4. FEI Number 62-1853141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AUSTIN, ARLENE P 700 11TH ST. SOUTH SUITE 102 NAPLES, FL 34102	
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7. Name and Address of New Registered Agent	
Name Austin, Arlene F	
Street Address (P.O. Box Number is Not Acceptable) 700 11th Street South	
Suite 102	
City Naples	FL Zip Code 34102

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Arlene F. Austin	4-24-2008
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when re-registering)</small>
	<small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOLAND, SANDRA		NAME	
STREET ADDRESS 4061 BONITA BEACH ROAD 208		STREET ADDRESS	
CITY-ST-ZIP BONITAL SPRINGS, FL 34134		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAUGHNESSY, MARY		NAME	
STREET ADDRESS 770 GOODLETTE ROAD N.		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34102		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCIAVOLINO, JULIA		NAME	
STREET ADDRESS 770 GOODLETTE ROAD N.		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34102		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THORNE, JOHN		NAME	
STREET ADDRESS 181 SABAL LAKE DRIVE		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34104		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME DT Angela Larson	
STREET ADDRESS		STREET ADDRESS 3301 E. Tamiami Tr. Bldg J1	
CITY-ST-ZIP		CITY-ST-ZIP Naples, FL 34112	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela Larson	4-24-2008	239-530-9883
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>