2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# N09000005253

Entity Name: TRAUMATIC INJURY FAMILY AND HOSPITAL SUPPORT SERVICES, INC.

Current Principal Place of Business:

3464 SHADY BROOK LANE
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

3464 SHADY BROOK LANE
SARASOTA, FL 34243

New Mailing Address:

P.O. BOX 15312
SARASOTA, FL 34277

FEI Number: 27-0275439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

YOUNG, ADRIAN
3464 SHADY BROOK LANE
SARASOTA, FL 34243 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: CEO
Name: YOUNG, ADRIAN
Address: P.O. BOX 15312
City-St-Zip: SARASOTA, FL 34277

Title: DIR.
Name: WILSON-KING, GENESTER M.D.
Address: 400 W. WOODWARD AVENUE
City-St-Zip: EUSTIS, FL 32726

Title: DIR.
Name: GILBERT, TOBI PH.D
Address: 200 TARPON TRAIL
City-St-Zip: JACKSONVILLE, NC 28546

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: ADRIAN YOUNG CEO 04/06/2010

Electronic Signature of Signing Officer or Director — Date