

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005253

FILED
Apr 29, 2011
Secretary of State

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:

9061 ST. ANDREWS WAY
MOUNT DORA, FL 32757

Current Mailing Address:

P.O. BOX 15312
SARASOTA, FL 34277

New Mailing Address:

1033 LENOX AVENUE
APT 203
MIAMI BEACH, FL 33139

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:

MARTIN, IVETTE
1033 LENOX AVENUE
APT 203
MIAMI BEACH, FL 33139 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: IVETTE MARTIN

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: CHECK, DONNA
Address: 9061 ST. ANDREWS WAY
City-St-Zip: MOUNT DORA, FL 32757

Title: ED
Name: MARTIN, IVETTE
Address: 1033 LENOX AVENUE APT 203
City-St-Zip: MIAMI BEACH, FL 33139

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

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

Title: DIR.
Name: YOUNG, ADRIAN
Address: P.O. BOX 15312
City-St-Zip: SARASOTA, FL 34227

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

DIR

04/29/2011

Electronic Signature of Signing Officer or Director

Date