

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 15, 2011**  
**Secretary of State**

DOCUMENT# N09000012294

**Entity Name:** TRI-COUNTY MEDICAL PROVIDERS AND SENIOR SERVICES INC.**Current Principal Place of Business:**606 N.W. 8TH AVENUE  
FORT LAUDERDALE, FL 33311**New Principal Place of Business:****Current Mailing Address:**606 N.W. 8TH AVENUE  
FORT LAUDERDALE, FL 33311**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JACKSON, CHARLES  
344 SW 159 LANE  
PEMBROKE PINES, FL 33027 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: P  
Name: JACKSON, CHARLES  
Address: 344 SW 159 LANE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP  
Name: BARNES, LEONA  
Address: 344 SW 159 LANE  
City-St-Zip: PEMBROKE PINES, FL 33027

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: CHARLES JACKSON

P

06/15/2011

Electronic Signature of Signing Officer or Director

Date