

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128928

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** TRI STAR MEDICAL PARTNERS, INC.

**Current Principal Place of Business:**

13787 BELCHER RD S, STE 100  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

13787 BELCHER RD S, STE 100  
LARGO, FL 33771

**New Mailing Address:**

**FEI Number:** 14-1859642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALDER, LYNNE ESQ  
777 S HARBOUR ISLAND BLVD, STE 128  
TAMPA, FL 33602 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DEAN, KIMBERLY A D.O.  
**Address:** 13787 BELCHER RD S, STE 100  
**City-St-Zip:** LARGO, FL 33771

**Title:** D  
**Name:** OKESON, NICHOLAS Z D.O.  
**Address:** 13787 BELCHER RD S, STE 100  
**City-St-Zip:** LARGO, FL 33771

**Title:** D  
**Name:** STINE, MARK C D.O.  
**Address:** 13787 BELCHER RD S, STE 100  
**City-St-Zip:** LARGO, FL 33771

**Title:** D  
**Name:** HOWARD, JASON H DO  
**Address:** 13787 BELCHER RD S. STE 100  
**City-St-Zip:** LARGO, FL 33771

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

**SIGNATURE:** MARK C. STINE, D.O.

D

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date