2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

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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

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: KIMBERLY A DEAN DO D 04/27/2011

Electronic Signature of Signing Officer or Director Date