

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076833

FILED
Aug 30, 2006
Secretary of State

Entity Name: TRI-STAR MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

342 EAST 9 STREET., #202
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

342 EAST 9 STREET., #202
HIALEAH, FL 33010

New Mailing Address:

2775 WEST 61 PLACE #206
HIALEAH, FL 33016

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLON, WILLIAM R
342 EAST 9 STREET., #202
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

COLON, WILLIAM R
2775 WEST 61 PLACE #206
HIALEAH, FL 33016 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: WILLIAM R COLON

08/30/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLON, WILLIAM R
Address: 342 EAST 9 STREET., #202
City-St-Zip: HIALEAH, FL 33010

Title: COO (X) Delete
Name: COLON, ERIC A
Address: 342 EAST 9 STREET., #202
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLON, WILLIAM R
Address: 2775 WEST 61 PLACE #206
City-St-Zip: HIALEAH, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM R COLON

P

08/30/2006

Electronic Signature of Signing Officer or Director

Date