

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000166165

Entity Name: TRI-MED, S.A. INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2806 SE 20TH AVE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

2806 SE 20TH AVE  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 76-0811198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VILLEGAS, DAMARIS  
2806 SE 20TH AVE  
CAPE CORAL, FL 33904 US

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

VILLEGAS, HENRY A MD  
2806 SE 20TH AVE  
CAPE CORAL, FL 33904 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: HENRY A VILLEGAS

Electronic Signature of Registered Agent

04/29/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: VILLEGAS, HENRY A MD  
Address: 2806 SE 20TH AVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: PTSD  
Name: VILLEGAS, HENRY A MD  
Address: 2806 SE 20TH AVE  
City-St-Zip: CAPE CORAL, FL 33904

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: HENRY A VILLEGAS MD

Electronic Signature of Signing Officer or Director

MAGR

04/29/2011

Date