# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2011**
**Secretary of State**

DOCUMENT# P07000106431

**Entity Name:** TRI-COUNTY NURSING SERVICES, INC.

**Current Principal Place of Business:**

12440 S.W. 11TH TERRACE
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

12440 S.W. 11TH TERRACE
MIAMI, FL 33184

**New Mailing Address:**

**FEI Number: 51-0663158** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ALFONSO, JOSE A
7855 S.W. 84 COURT
MIAMI, FL 33143 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: PTD
Name: ALZUGARAY, IGNACIO
Address: 12440 S.W. 11TH TERRACE
City-St-Zip: MIAMI, FL 33184

Title: S
Name: ALZUGARAY, INES
Address: 12440 S.W. 11TH TERRACE
City-St-Zip: MIAMI, FL 33184

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: ALZUGARAY IGNACIO P 04/30/2011

Electronic Signature of Signing Officer or Director Date