2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000070576

Entity Name: TRI-MED INSTITUTE, INC.

FILED Mar 21, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
3900 NW 76TH AVE #103 SUNRISE, FL 33351		3900 NW 76TH AVE #103
		103 SUNRISE, FL 33351
Current N	lailing Address:	New Mailing Address:
3900 NW 76TH AVE #103 SUNRISE, FL 33351		3900 NW 76TH AVE #103
		103 SUNRISE, FL 33351
FEI Number	: FEI Number Applied For (
Name and Address of Current Registered Agent:		nt: Name and Address of New Registered Agent:
8480 NW : SUNRISE, The above	NOELEEN 28TH PLACE FL 33322 US named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Registere	d Agent Date
Election Ca	mpaign Financing Trust Fund Contribution ()	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DP () Delete PORTER, NOELEEN 8480 NW 28TH PLACE SUNRISE, FL 33322	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DVP () Delete NUNES, ASPINAL W 3900 NW 76TH AVE #103 SUNRISE, FL 33351	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CB D 03/21/2009