

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000070576

Entity Name: TRI-MED INSTITUTE, INC.

FILED  
Mar 03, 2010  
Secretary of State

## Current Principal Place of Business:

3900 NW 76TH AVE #103  
103  
SUNRISE, FL 33351

## New Principal Place of Business:

111 NORTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## Current Mailing Address:

3900 NW 76TH AVE #103  
103  
SUNRISE, FL 33351

## New Mailing Address:

9420 SUNRISE BOULEVARD  
APT 103  
SUNRISE, FL 33324

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTER, NOELEEN  
8480 NW 28TH PLACE  
SUNRISE, FL 33322 US

## Name and Address of New Registered Agent:

EWART, GAYLE  
5061 NAUTICA LAKE CIRCLE  
GREENACRES, FL 33463 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: EWART GAYLE

03/03/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP  
Name: STROZIER, RODNEY  
Address: 3900 NW 76TH AVENUE APT 101  
City-St-Zip: SUNRISE, FL 33351

Title: D  
Name: NUNES, ASPINAL W  
Address: 2665 TREANOR TERRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: D  
Name: RANGE, RASHAAD  
Address: 2742 TREANOR TERRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: D  
Name: WELCH, JONATHAN  
Address: 2665 TREANOR TERRACE  
City-St-Zip: WELLINGTON, FL 33414

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: EWART GAYLE

D

03/03/2010

Electronic Signature of Signing Officer or Director

Date