

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000070576

Entity Name: TRI-MED INSTITUTE, INC.

FILED
Apr 30, 2011
Secretary of State

Current Principal Place of Business:

111 NORTH PINE ISLAND ROAD
PLANTATION, FL 33324

New Principal Place of Business:

3900 NW 76TH AVENUE
SUITE 101
SUNRISE, FL 33351

Current Mailing Address:

9420 SUNRISE BOULEVARD
APT 103
SUNRISE, FL 33324

New Mailing Address:

5061 NAUTICA LAKE CIRCLE
GREENACRES, FL 33463

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWART, GAYLE
5061 NAUTICA LAKE CIRCLE
GREENACRES, FL 33463 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: DP
Name: STROZIER, RODNEY
Address: 3900 NW 76TH AVENUE APT 101
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: LORRAINE, GAYLE
Address: 5061 NAUTICA LAKE CIRCLE
City-St-Zip: GREENACRES, FL 33463

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: RODNEY STROZIER

DP

04/30/2011

Electronic Signature of Signing Officer or Director

Date