2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# P08000103955

Entity Name: TRI COUNTY IPA, INC.

Current Principal Place of Business:

4849 LAKE WORTH ROAD
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

4849 LAKE WORTH ROAD
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 26-3861919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANNING, DENISE R
780 LYONS ROAD
WEST PALM BEACH, FL 33411 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: D ( ) Delete
Name: ABELLARD, DAVID M.D.
Address: 4849 LAKE WORTH ROAD
City-St-Zip: GREENACRES, FL 33463

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ABELLARD, DAVID M.D.
Address: 4849 LAKE WORTH ROAD
City-St-Zip: GREENACRES, FL 33463

Title: VP ( ) Change (X) Addition
Name: GAY, ALIX MD
Address: 2600 VAN BUREN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: T ( ) Change (X) Addition
Name: BIEN-AIME, TONY MD
Address: 19503 NW 57TH AVENUE, SUITE # A
City-St-Zip: MIAMI, FL 33055

Title: S ( ) Change (X) Addition
Name: CUELLO-SUAREZ, ROSA MD
Address: 2925 10TH AVENUE NORTH, SUITE # 202
City-St-Zip: LAKE WORTH, FL 33461

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: DAVID ABELLARD, MD P 04/10/2009

Electronic Signature of Signing Officer or Director Date