

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103955

Entity Name: TRI COUNTY IPA, INC.

FILED
Feb 18, 2010
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

Title: S
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 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: DAVID ABELLARD MD

P

02/18/2010

Electronic Signature of Signing Officer or Director

Date