

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000016017

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** TRIAD HEALTHCARE MANAGEMENT, INC.

**Current Principal Place of Business:**

13340 PARKSIDE TERRACE  
COOPER CITY, FL 33330

**New Principal Place of Business:**

10721 PINE LODGE TRAIL  
DAVIE, FL 33328

**Current Mailing Address:**

13340 PARKSIDE TERRACE  
COOPER CITY, FL 33330

**New Mailing Address:**

10721 PINE LODGE TRAIL  
DAVIE, FL 33328

FEI Number: 27-1951998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLLENDER, JEFF A  
13340 PARKSIDE TERRACE  
COOPER CITY, FL 33330 US

**Name and Address of New Registered Agent:**

HOLLENDER, JEFF A  
10721 PINE LODGE TRAIL  
DAVIE, FL 33328 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/10/2012

Date

**OFFICERS AND DIRECTORS:**

Title: COO  
Name: HOLLENDER, JEFF A  
Address: 10721 PINE LODGE TRAIL  
City-St-Zip: DAVIE, FL 33328

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: JEFFREY HOLLENDER

COO

01/10/2012

Electronic Signature of Signing Officer or Director

Date