

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103955

Entity Name: TRI COUNTY IPA, INC.**Current Principal Place of Business:**4849 LAKE WORTH ROAD
GREENACRES, FL 33463**Current Mailing Address:**4849 LAKE WORTH ROAD
GREENACRES, FL 33463**FEI Number:** 26-3861919**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANNING, DENISE R
780 LYONS ROAD
WEST PALM BEACH, FL 33411 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_____
Date**Officer/Director Detail :**

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

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

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

Title	S
Name	CUELLO-SUAREZ, ROSA MD
Address	2925 10TH AVENUE NORTH, SUITE # 202
City-State-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

01/14/2021

Electronic Signature of Signing Officer/Director Detail_____
Date