

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000104126

Entity Name: TRINITY MEDICAL INVESTMENTS, LLC

Current Principal Place of Business:

2040 NE COACHMAN RD
SUITE C
CLEARWATER, FL 33765

Current Mailing Address:

2040 NE COACHMAN RD
SUITE C
CLEARWATER, FL 33765

FEI Number: 27-1206702

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARK, GREGORY DESQ.
1201 S. HIGHLAND AVE
SUITE 9
CLEARWATER, FL 33756 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

Authorized Person(s) Detail :

Title MGRM
Name KEYSTONE HEALTHCARE & REHAB
SVCS, INC.
Address 2040 NE COACHMAN, SUITE A
City-State-Zip: CLEARWATER FL 33765

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT SPARKS

MEMBER

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date