

**2015 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:** Yes

**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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER A DULIK

MGRM S/T

04/23/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date