

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000002861

**FILED**  
**Mar 04, 2020**  
**Secretary of State**  
**5030288443CC**

**Entity Name:** TRINITY HEALTHSHARE, INC.

**Current Principal Place of Business:**

5901 PEACHTREE-DUNWOODY RD, STE C160  
ATLANTA, GA 30342

**Current Mailing Address:**

5901 PEACHTREE-DUNWOODY RD, STE C160  
ATLANTA, GA 30342 US

**FEI Number: 83-1050344**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            CEO  
Name            THEAD, WILLIAM H  
Address        5901 PEACHTREE-DUNWOODY RD,  
                  STE C160  
City-State-Zip: ATLANTA GA 30342

Title            SECRETARY  
Name            VAULT, STEPHEN  
Address        5901 PEACHTREE-DUNWOODY RD,  
                  STE C160  
City-State-Zip: ATLANTA GA 30342

Title            PRESIDENT, DIRECTOR  
Name            GUARINO, JOSEPH  
Address        5901 PEACHTREE-DUNWOODY RD,  
                  STE C160  
City-State-Zip: ATLANTA GA 30342

Title            TREASURER  
Name            HANDY, JOE  
Address        5901 PEACHTREE-DUNWOODY RD,  
                  STE C160  
City-State-Zip: ATLANTA GA 30342

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

**SIGNATURE: WILLIAM H. THEAD**

**CEO**

**03/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date