

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002402

Entity Name: TRINITY SCHOOL OF MEDICINE, UNLTD., CO.

Current Principal Place of Business:

5755 NORTH POINT PARKWAY #230
ALPHARETTA, GA 30022

Current Mailing Address:

5755 NORTH POINT PARKWAY#230
ALPHARETTA, GA 30022 US

FEI Number: 98-0618402

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CLUTTER, BILL DR.
1200 BRICKELL BAY DRIVE UNIT 4112
MIAMI, FL 33131 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 C,CHAIR AND TRUSTEE
Name ARMENTA, DAVE
Address 219 BROADLAND ROAD
City-State-Zip: ATLANTA GA 30342

Title VC
Name BROWN, DONNA
Address 4500 COVENTRY ROAD
City-State-Zip: RICHMOND VA 23221

Title D
Name HEMSLEY, MICHAEL
Address 230 BANDRERA WAY
City-State-Zip: ST PETERSBURG FL 33704

Title D
Name MAUL, MONTY
Address DORCHESTER HILL, BOX 944
City-State-Zip: KINGSTOWN,ST.VINCENT AND THE GRENADINES

Title P
Name WILSON, STEVEN R
Address 5755 NORTH POINT PARKWAY #230
City-State-Zip: ALPHARETTA GA 30022

Title VP
Name HOLLERS, L.KEITH
Address 5755 NORTH POINT PARKWAY #230
City-State-Zip: ALPHARETTA GA 30022

Title S
Name WILSON, SALLY A
Address 5755 NORTH POINT PARKWAY #230
City-State-Zip: ALPHARETTA GA 30022

Title T
Name FROISTAD, ERIC J
Address 5755 NORTH POINT PARKWAY #230
City-State-Zip: ALPHARETTA GA 30022

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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: ERIC J. FROISTAD

TREASURER

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name MOON, ROBERT DR.
Address 118 EAGLE DRIVE
City-State-Zip: MACON GA 31211