

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002350

FILED
Apr 30, 2006
Secretary of State

Entity Name: TRILLIUM MEDICAL GROUP OF VIRGINIA, INC.

Current Principal Place of Business:

13400 WRIGHT CIRCLE
TAMPA, FL 33626

New Principal Place of Business:

PO BOX 23788
TAMPA, FL 33623

Current Mailing Address:

P.O. BOX 23788
TAMPA, FL 33623

New Mailing Address:

FEI Number: 54-2016212 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COATES, BOBBY L
P.O. BOX 23788
TAMPA, FL 33623 US

Name and Address of New Registered Agent:

HEALTH ADMINISTRATIVE SERVICES
11 MARINER DR
TARPOON SPRINGS, FL 34689 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: BOB COATES

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COATES, BOBBY L
Address: P.O. BOX 23788
City-St-Zip: TAMPA, FL 33623

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BOB COATES

DP

04/30/2006

Electronic Signature of Signing Officer or Director

Date