2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L03000000630

Entity Name: TRINITY MEDICAL ASSOCIATES, L.L.C.

Current Principal Place of Business:

2034 LITTLE ROAD
TRINITY, FL 346555442 US

New Principal Place of Business:

Current Mailing Address:

2043 LITTLE ROAD
TRINITY, FL 346555442 US

New Mailing Address:

FEI Number: 03-0499662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VASTA, JEFFREY S M.D.
2043 LITTLE ROAD
TRINITY, FL 346554421 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: PVS ( ) Delete
Name: VASTA, JEFFREY S M.D.
Address: 2043 LITTLE ROAD
City-St-Zip: TRINITY, FL 346554421 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: VP ( ) Change (X) Addition
Name: VASTA, JULIA A ARNP
Address: 2043 LITTLE RD
City-St-Zip: NEW PORT RICHEY, FL 34655

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 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.

SIGNATURE: JEFFREY S. VASTA PVS 04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date