

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000630

FILED
May 01, 2008
Secretary of State

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

Current Principal Place of Business:

2034 LITTLE ROAD
TRINITY, FL 34655442 US

New Principal Place of Business:

Current Mailing Address:

2043 LITTLE ROAD
TRINITY, FL 34655442 US

New Mailing Address:

FEI Number: 03-0499662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JULIA A. VASTA

VP

05/01/2008

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