

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000630

FILED
Apr 01, 2009
Secretary of State

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: 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: JEFFREY S. VASTA

PVS

04/01/2009

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