

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000630

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2043 LITTLE ROAD  
TRINITY, FL 34655442 US

**New Principal Place of Business:**

2043 LITTLE ROAD  
TRINITY, FL 346554421 US

**Current Mailing Address:**

2043 LITTLE ROAD  
TRINITY, FL 34655442 US

**New Mailing Address:**

2043 LITTLE ROAD  
TRINITY, FL 346554421 US

**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: PVP  
Name: VASTA, JEFFREY S M.D.  
Address: 2043 LITTLE ROAD  
City-St-Zip: TRINITY, FL 346554421 US

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

I hereby 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 VASTA

PVP

03/12/2012

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