


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90108 016 \*\*\*\*55.00

<b>DOCUMENT # L03000016117</b>	
1. Entity Name TRINITY INTERNAL MEDICINE, L.L.C.	

Principal Place of Business 3660 EAST BAY DR., APT. 622 LARGO, FL 33771	Mailing Address 3660 EAST BAY DR., APT. 622 LARGO, FL 33771
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64004733



2. Principal Place of Business 4807 U.S. 19 Suite, Apt. #, etc. Suite 201 City & State New Port Richey, FL Zip 34652 Country U.S.A.	3. Mailing Address 4807 U.S. 19 Suite, Apt. #, etc. Suite 201 City & State New Port Richey, FL Zip 34652 Country U.S.A.
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01232004 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3755572	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ 1245 COURT ST., STE. 102 CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS +		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LLANES, MARGARET ANN M.D. 3660 EAST BAY DR., APT. 622 LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Llanes, Margaret Ann <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19736 Ellendale Drive Land O'Lakes, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Margaret A. Llanes **Margaret A. Llanes, M.D.** 1/26/04 (727) 847-9505  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #