


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000016117  
 1. Entity Name  
 TRINITY INTERNAL MEDICINE, L.L.C.



Principal Place of Business 4807 US 19 SUITE 201 NEW PORT RICHEY, FL 34652	Mailing Address 4807 US 19 SUITE 201 NEW PORT RICHEY, FL 34652
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**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3755572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LLANES, MARGARET ANN M.D. 19736 ELLENDALE DRIVE LAND O LAKES, FL 34639
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 02/25/05-80027-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: M.A. Llanes 2/23/05 MARGARET A. LLANES 727-847-9505  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #