


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90216 012 \*\*\*\*50.00

<b>DOCUMENT # L03000016117</b>	
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
---	---

40000765



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>37317 PICKETT'S MILL AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02262007 Chg-LLC CR2E083 (12/06)

City & State <b>ZEPHYRHILLS FL</b>	4. FEI Number 04-3755572	Applied For Not Applicable
---------------------------------------	-----------------------------	-------------------------------

Zip <b>33542</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
---------------------	---------	---

**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

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LLANES, MARGARET A M.D. 7245 MAHAFFEY DR #D NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>37317 PICKETT'S MILL AVE ZEPHYRHILLS FL 33542</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Llanes* **MARGARET LLANES** **727-847-9505**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #