2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000025311

Entity Name: TRINITY REHABILLO

FILED Oct 18, 2006 Secretary of State

() Change () Addition

Current Principal Place of Business: New Principal Place of Business:

10105 CORTEZ BLVD

WEEKI WACHEE, FL 34613 US

Current Mailing Address: New Mailing Address:

1279 MASADA LANE

SPRING HILL, FL 34608 US

FEI Number: 20-0946409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOMASUNDARAM, SOZHAVARMAN 1279 MASADA LANE SPRING HILL, FL 34608 US

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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

Name: SOMASUNDARAM, SOZHAVARMAN Name: Address: 1279 MASADA LANE Address:

City-St-Zip: SPRING HILL, FL 34608 US City-St-Zip:

 Title:
 MGRM
 (X) Delete
 Title:

 Name:
 THANGAVELU, MOHAN
 Name:

 Address:
 4032 CHADWICK AVENUE
 Address:

 City-St-Zip:
 SPRING HILL, FL 34608 US
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 KURIAKOSE, MINIMOL
 Name:

 Address:
 3321 PINE TOP DR
 Address:

 City-St-Zip:
 VALRICO, FL 33594 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SOZHAVARMAN SOMASUNDARAM P 10/18/2006