2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# L05000048311

Entity Name: TRINITY NORTH PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

8520 GOVERMENT DR
STE 1
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4200 MCCLUNG DR
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 20-2849763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KALOGIANIS, CONSTANTINE
4821 U.S. HIGHWAY 19, SUITE 3
NEW PORT RICHEY, FL 34652 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:	MGRM	( ) Delete
Name:	KALOGIANIS, CONSTANTINE	
Address:	4821 U.S. HIGHWAY 19, SUITE 3	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	MGRM	( ) Delete
Name:	FERRANDINO, JOSEPH P	
Address:	4200 MCCLUNG DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	MGRM	( ) Delete
Name:	TSIOUKANARAS, THEOHARIS	
Address:	5024 CALASH DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	MGRM	( ) Delete
Name:	SAMARTZIS, PANAGIOTIS	
Address:	6833 KINGSTREE COURT	
City-St-Zip:	PORT RICHEY, FL 34668	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH FERRANDINO MGR 05/15/2009

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