

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000005287

FILED
Apr 11, 2007
Secretary of State**Entity Name:** TRINITY PHYSICIANS LLC**Current Principal Place of Business:**7426 COMMUNITY COURT
HUDSON, FL 34667 US**New Principal Place of Business:**5818 SR 54
NEW PORT RICHEY, FL 34652 US**Current Mailing Address:**7426 COMMUNITY COURT
HUDSON, FL 34667 US**New Mailing Address:**5818 SR 54
NEW PORT RICHEY, FL 34652 US**FEI Number:** 20-4136834**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**KUTTY, MOHAN
7426 COMMUNITY COURT
HUDSON, FL 34667 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: MOHANDAS CHILDREN'S, TRUST
Address: 7426 COMMUNITY COURT
City-St-Zip: HUDSON, FL 34667 USTitle: MGR () Delete
Name: KUTTY, MOHAN
Address: 7426 COMMUNITY COURT
City-St-Zip: HUDSON, FL 34667 USTitle: MGR () Delete
Name: MOHAN, MALA
Address: 7426 COMMUNITY COURT
City-St-Zip: HUDSON, FL 34667 USTitle: MGR () Delete
Name: MOHAN, MAYA
Address: 7426 COMMUNITY COURT
City-St-Zip: HUDSON, FL 34667**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 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: MOHANDAS CHILDREN'S TRUST

MGRM

04/11/2007

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