2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112896

19931 SW 84 AVENUE

CUTLER BAY, FL 33189 US

Address:

City-St-Zip:

Entity Name: TRINITY HEALTHCARE PARTNERS, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
999 BRICK	KELL AVENUE			
401	00404			
MIAMI, FL	33131 US			
Current Mailing Address:			New Mailing Address:	
999 BRICK 401	KELL AVENUE			
MIAMI, FL	33131 US			
FEI Number	: 26-3846879	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
401	GREG H KELL AVENUE 33131 US			
	e of Florida. É RE:	·		ed office or registered agent, or both
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	CONNER, GRE	AVENUE STE. 401	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () MORAITES, JOI 200 RICHELIEU CARY, NC 275	J DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	JACOBSON, RO 2401 ANDERSO		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	, ,	Delete .EVELAND J JR,	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: GREG H. CONNER MGRM 04/30/2009