

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000087293

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** TRINITY MEDICAL GROUP LLC

**Current Principal Place of Business:**

2535 SQUAW CREEK  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

315 VELVETEEN PLACE  
CHULUOTA, FL 32766 US

**Current Mailing Address:**

2535 SQUAW CREEK  
CLERMONT, FL 34711 US

**New Mailing Address:**

315 VELVETEEN PLACE  
CHULUOTA, FL 32766 US

**FEI Number:** 27-3523378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOLOMON, ARNYM P  
2535 SQUAW CREEK  
CLERMONT, FL 34711 US

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

MUNGAL, RAKESH B  
315 VELVETEEN PLACE  
CHULUOTA, FL 32766 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: RAKESH B. MUNGAL

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SOLOMON, ARNYM P  
Address: 2535 SQUAW CREEK  
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM  
Name: MUNGAL, RAKESH B  
Address: 315 VELVETEEN PLACE  
City-St-Zip: CHULUOTA, FL 32766 US

I hereby 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: RAKESH B MUNGAL

MGRM

04/24/2012

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