2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90173 014 ***150.00

DOCUMENT # M81410

1. Entity Name
TRIDENT HEALTHCARE CORPORATION

Principal Place of Business	Mailing Address
604 PACKARD COURT SAFETY HARBOR FL 34695	604 PACKARD COURT SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1022 Main Street	1022 Main Street
Suite, Apt. #, etc.: Suite Q	Suite, Apt. #, etc.: Suite Q
City & State: Dunedin, FL	City & State: Dunedin, FL
Zip: 34698-5225 Country: USA	Zip: 34698-5225 Country: USA

4. FEI Number 59-2892571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, RALPH E.
604 PACKARD COURT
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1022 Main Street, Ste Q

City Dunedin FL Zip Code 34698-5225

8. 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 Ralph E Jordan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST JORDAN, RALPH E. 604 PACKARD COURT SAFETY HARBOR FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1022 main street, Ste Q Dunedin, FL 34698-5225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RALPH E JORDAN 604 PACKARD COURT SAFETY HARBOR FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1022 main Street, Ste Q Dunedin, FL 34698-5225
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph E Jordan 4/20/01 727-736-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)