

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # M81410 1. Entity Name TRIDENT HEALTHCARE CORPORATION	
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Principal Place of Business 1022 MAIN STREET SUITE Q DUNEDIN, FL 34698	Mailing Address 1022 MAIN STREET SUITE Q DUNEDIN, FL 34698
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03042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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. 1022 MAIN STREET STE Q DUNEDIN, FL 34698-5225	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

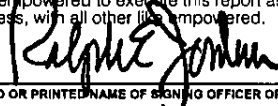
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JORDAN, RALPH E. 1022 MAIN STREET Q DUNEDIN, FL 346985225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH E JORDAN 1022 MAIN STREET STE Q DUNEDIN, FL 346985225
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**DO NOT WRITE
IN THIS SPACE**

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04/05/07-80008-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07 727-736 4488
Date Daytime Phone #