2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N01000000132

Entity Name: TRINITY MEDICAL COMPREHENSIVE SERVICES, INC.

Current Principal Place of Business:

1509 S WICKHAM RD
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

1509 S WICKHAM RD
WEST MELBOURNE, FL 32904

New Mailing Address:

P O BOX 410758
MELBOURNE, FL 32941

FEI Number: 03-0436080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOLOLA, MARYAM M
1509 SOUTH WICKHAM ROAD
WEST MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

ARCHINIHU, JOHNSPENCER C DR
1346 HAMPTON PARK LANE
MELBOURNE, FL 32940 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: JOHNSPENCER C. ARCHINIHU 04/18/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARCHINIHU, DR JOHN S
Address: 1346 HAMPTON PARK LN
City-St-Zip: MELBOURNE, FL 32940

Title: SVP ( ) Delete
Name: SOLOLA, MARYAM M
Address: 1509 S WICKHAM RD
City-St-Zip: W MELBOURNE, FL 32904

Title: VP ( ) Delete
Name: MALLERY, WILLARD C
Address: 2851 PALM BAY R
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete
Name: HICKLEN, CLEMENT A
Address: 1176 CAMAS AVE NW
City-St-Zip: W PALM BAY, FL 32907

Title: D ( ) Delete
Name: PINDER, CECIL
Address: 1101 RIVIERA DR
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete
Name: SALIM, AMAN
Address: 101 KARANJA ROAD
City-St-Zip: NAIROBI KENYA, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARCHINIHU, JOHNSPENCER C DR
Address: 1346 HAMPTON PARK LN
City-St-Zip: MELBOURNE, FL 32940

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:

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 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNSPENCER C. ARCHINIHU P 04/18/2005
Electronic Signature of Signing Officer or Director Date