

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003013

**FILED**  
**Feb 13, 2004**  
**Secretary of State****Entity Name:** TRINITY HOSPICE CARE SERVICES, INC.**Current Principal Place of Business:**6151 MIRAMAR PARKWAY  
SUITE 101  
MIRAMAR, FL 33023**New Principal Place of Business:****Current Mailing Address:**6151 MIRAMAR PARKWAY  
SUITE 101  
MIRAMAR, FL 33023**New Mailing Address:****FEI Number:** 58-2474331**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOBGO, CHUCK PA  
2331 N. STATE ROAD 7  
SUITE 124  
LAUDERHILL, FL 33313 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** SMITH, GABRIEL  
**Address:** 6745 ROSE DRIVE  
**City-St-Zip:** MIRAMAR, FL 33023**Title:** STD ( ) Delete  
**Name:** CHERIFILUS, EDWIN  
**Address:** 6745 ROSE DRIVE  
**City-St-Zip:** MIRAMAR, FL 33023**Title:** VD ( ) Delete  
**Name:** SMITH, MARIE  
**Address:** 6745 ROSE DRIVE  
**City-St-Zip:** MIRAMAR, FL 33023**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: SMITH GABRIEL

PD

02/13/2004

Electronic Signature of Signing Officer or Director

Date