

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003013

FILED
Jan 06, 2005
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:

MOBGO, CHUCK PA
2800 W OAKLAND PK BLVD
209
OAKLAND, FL 33311 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: _____

01/06/2005

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: PD (X) Change () Addition
Name: SMITH, GABRIEL
Address: 18612 SW 41 STREET
City-St-Zip: MIRAMAR, FL 33029

Title: STD (X) Change () Addition
Name: CHERIFILUS, EDWIN
Address: 18612 SW 41 STREET
City-St-Zip: MIRAMAR, FL 33029

Title: VD (X) Change () Addition
Name: SMITH, MARIE
Address: 18612 SW 41 STREET
City-St-Zip: MIRAMAR, FL 33029

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 THOMAS

CEO

01/06/2005

Electronic Signature of Signing Officer or Director

Date