2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003013

FILED Jan 05, 2006 Secretary of State

Entity Name: TRINITY HOSPICE CARE SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 6151 MIRAMAR PARKWAY SUITE 101 MIRAMAR, FL 33023 **New Mailing Address: Current Mailing Address:** 6151 MIRAMAR PARKWAY SUITE 101 MIRAMAR, FL 33023 FEI Number: 58-2474331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SMITH, GABRIEL Name: Name: 18612 SW 41 STREET Address: Address: City-St-Zip: MIRAMAR, FL 33029 City-St-Zip: Title: () Delete Title: () Change () Addition CHERIFILUS, EDWIN Name: Name: Address: 18612 SW 41 STREET Address: City-St-Zip: MIRAMAR, FL 33029 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, MARIE Name: Name: Address: 18612 SW 41 STREET Address: City-St-Zip: MIRAMAR, FL 33029 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 PD 01/05/2006