

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010924

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: TRINA E. ESPINOLA, M.D., P.A.

## Current Principal Place of Business:

625 6TH AVENUE S. SUITE 385  
ST. PETERSBURG, FL 33701

## New Principal Place of Business:

625 6TH AVENUE S.  
SUITE 385  
ST. PETERSBURG, FL 33701

## Current Mailing Address:

625 6TH AVENUE S., SUITE 385  
ST. PETERSBURG, FL 33701

## New Mailing Address:

625 6TH AVENUE S.  
SUITE 385  
ST. PETERSBURG, FL 33701

FEI Number: 59-3694640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FELIX, MARK R MANAGER  
625 6TH AVENUE S., SUITE 385  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

FELIX, MARK R MANAGER  
625 6TH AVENUE S.  
SUITE 385  
ST. PETERSBURG, FL 33701 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: MARK FELIX

03/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESPINOLA, TRINA E MD  
Address: 625 6TH AVENUE S., SUITE 385  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VP ( ) Delete  
Name: ESPINOLA, TRINA E MD  
Address: 625 6TH AVENUE S., SUITE 385  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T ( ) Delete  
Name: ESPINOLA, TRINA E MD  
Address: 625 6TH AVENUE S., SUITE 385  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S ( ) Delete  
Name: ESPINOLA, TRINA E MD  
Address: 625 6TH AVENUE S., SUITE 385  
City-St-Zip: SAINT PETERSBURG, FL 33701

## 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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRINA E. ESPINOLA, MD

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date