


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000094528		
1. Entity Name TRINITY REHABILITATION CLINIC, INC.		
Principal Place of Business 2629 CREIGHTON ROAD STE#4 PENSACOLA, FL 32504		Mailing Address 2629 CREIGHTON ROAD STE#4 PENSACOLA, FL 32504
DO NOT WRITE IN THIS SPACE		
		01132007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3745809		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SOLADOYE, KAYODE G 6032 CHAPMAN CIRCLE PENSACOLA, FL 32504		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SOLADOYE, KAYODE G	
STREET ADDRESS	6032 CHAPMAN CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	
NAME	SOLADOYE, AJIBOLA A	
STREET ADDRESS	6032 CHAPMAN CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Kayode Soladoye</u> <u>KAYODE SOLADOYE</u> 1/15/07 800-9691726 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		