

2008 FOR PROF. CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000027579

1. Entity Name
TRINITY MEDICAL HOLDINGS, INC.



Principal Place of Business
5143 COMMERCIAL WAY
SPRING HILL, FL 34606

Mailing Address
5143 COMMERCIAL WAY
SPRING HILL, FL 34606



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0751509

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIERZYNSKI, MICHAEL J
5143 COMMERCIAL WAY
SPRING HILL, FL 34606

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MARSHALL, ALAN S
5143 COMMERCIAL WAY
SPRING HILL, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
KIERZYNSKI, MICHAEL J
5143 COMMERCIAL WAY
SPRING HILL, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAS
RICCIUTI, FRANK X
5143 COMMERCIAL WAY
SPRING HILL, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000842287
03/11/08-80024-013 150.00

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IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

X 2-25-08

Date

Daytime Phone #