

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047337

Entity Name: TRINITY STERILE, INC.

FILED  
Aug 10, 2009  
Secretary of State

**Current Principal Place of Business:**

201 KILEY DRIVE  
SALISBURY, MD 21801

**New Principal Place of Business:**

**Current Mailing Address:**

201 KILEY DRIVE  
SALISBURY, MD 21801

**New Mailing Address:**

FEI Number: 20-0897529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEISS, LISA R  
86 LADOGA AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SOLATCH, ABRAR  
Address: 1512 WEST CHESTER PIKE, #122  
City-St-Zip: WEST CHESTER, PA 19382

Title: VP ( ) Delete  
Name: TAYLOR, DONALD  
Address: 241 UPLAND ROAD  
City-St-Zip: WEST GROVE, PA 19390

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ABRAR SOLATCH

P

08/10/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date