

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160150

FILED
May 31, 2005
Secretary of State

Entity Name: TRUST HEALTHCARE MANAGEMENT, INC.

Current Principal Place of Business:

555 NE 34 ST
502
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

555 NE 34 ST
502
MIAMI, FL 33137

New Mailing Address:

5783 SW 40 ST
201
MIAMI, FL 33155

FEI Number: 20-1905275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHEL, ERNESTO
555 NE 34 ST
502
MIAMI, FL 33137 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: MITCHEL, ERNESTO
Address: 555 NE 34 ST APT 502
City-St-Zip: MIAMI, FL 33137

Title: VP () Delete
Name: CRUZ, JORGE L
Address: 555 NE 34 ST APT 502
City-St-Zip: MIAMI, FL 33137

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 for the exemption stated in Section 119.07(3)(i), 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: ERNESTO MITCHEL

P

05/31/2005

Electronic Signature of Signing Officer or Director

Date