

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90225 048 ***150.00

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| DOCUMENT # P04000167334 | | | |  | |
| 1. Entity Name TRINITY PEDIATRICS, P.A. | | | | | |
| Principal Place of Business 2758 ONIZUKA COURT PALM HARBOR, FL 34683 | | | Mailing Address 2758 ONIZUKA COURT PALM HARBOR, FL 34683 | | |
| 2. Principal Place of Business 4150 Woodlands Pkwy Suite #, etc. Ste B | | 3. Mailing Address 4150 Woodlands Pkwy Suite #, etc. Suite B | |  | |
| City & State Palm Harbor FL | | City & State Palm Harbor, FL | | 4. FEI Number 20-2003971 | |
| Zip 34685 | | Country USA | | Applied For Not Applicable | |
| 03032005 | | Chg-P | | CR2E034 (10/03) | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent JORDAN, MICHAEL C 2758 ONIZUKA COURT PALM HARBOR, FL 34683 | |
| 7. Name and Address of New Registered Agent Name: Jordan, Michael C Street Address (P.O. Box Number is Not Acceptable): 4150 Woodlands Pkwy Ste B City: Palm Harbor FL Zip Code: 34685 | | | | 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:  Michael Jordan MD 4/18/05 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JORDAN, MICHAEL C 2758 ONIZUKA COURT PALM HARBOR, FL 34683 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jordan, Michael C 4150 Woodlands Pkwy Ste B Palm Harbor, FL 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Mike Jordan MD 4/12/05 772-1452 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |