2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2006
Secretary of State

DOCUMENT# P05000056824

Entity Name: TRINITY MEDICAL CENTER, INC.

Current Principal Place of Business:

1663 GEORGIA STREET
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

1663 GEORGIA STREET
PALM BAY, FL 32907

New Mailing Address:

P O BOX 410758
MELBOURNE, FL 32941

FEI Number: 59-3533341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARCHINIHU, JOHNSPENCER C
1663 GEORGIA STREET
PALM BAY, FL 32907 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: D ( ) Delete
Name: ARCHINIHU, JOHNSPENCER C
Address: 1663 GEORGIA STREET
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHNSPENCER C. ARCHINIHU D 07/15/2006

Electronic Signature of Signing Officer or Director Date