2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# P05000119333

Entity Name: TRINITY MEDICAL SPECIALTIES, INC.

Current Principal Place of Business:

16621 REDWOOD WAY
WESTON, FL 33326

New Principal Place of Business:

6560 NW 114 AVENUE
APT #531
DORAL, FL 33178

Current Mailing Address:

16621 REDWOOD WAY
WESTON, FL 33326

New Mailing Address:

6560 NW 114 AVENUE
APT #531
DORAL, FL 33178

FEI Number: 20-3280960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, ANA M
16621 REDWOOD WAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

MARTINEZ, IRINA
6560 NW 114 AVENUE
APT #531
DORAL, FL 33178 US

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: IRINA MARTINEZ 04/02/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POWELL, ANA MARIA
Address: 16621 REDWOOD WAY
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MARTINEZ, IRINA
Address: 6560 NW 114 AVENUE
City-St-Zip: DORAL, FL 33178

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: IRINA MARTINEZ P 04/02/2009
Electronic Signature of Signing Officer or Director Date