2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P05000156766

Entity Name: TRINITY HEALTH CARE PROVIDERS, INC.

Current Principal Place of Business:

5721 NE 19TH AVENUE
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

619 SW 2ND AVENUE
POMPANO BEACH, FL 33060 US

Current Mailing Address:

5721 NE 19TH AVENUE
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

619 SW 2ND AVENUE
POMPANO BEACH, FL 33060 US

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

Name and Address of Current Registered Agent:

TESTA, FRANK A
5721 NE 19TH AVENUE
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

TESTA, LAURA
619 SW 2ND AVENUE
POMPANO BEACH, FL 33060 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: LAURA TESTA 04/28/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TESTA, LAURA
Address: 5721 NE 19TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VP ( ) Delete
Name: TESTA, FRANK A
Address: 5721 NE 19TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TESTA, LAURA
Address: 619 SW 2ND AVENUE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: VP (X) Change ( ) Addition
Name: TESTA, FRANK A
Address: 619 SW 2ND AVENUE
City-St-Zip: POMPANO BEACH, FL 33060 US

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: LAURA TESTA P 04/28/2008
Electronic Signature of Signing Officer or Director Date