

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000061630

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** TRINITY HEALTH SERVICES, INC

**Current Principal Place of Business:**

7221 SW 24 ST STE 201  
MIAMI, FL 33155

**New Principal Place of Business:**

7221 SW 24 ST  
201  
MIAMI, FL 33155

**Current Mailing Address:**

7221 SW 24 ST STE 201  
MIAMI, FL 33155

**New Mailing Address:**

7221 SW 24 ST  
201  
MIAMI, FL 33155

**FEI Number:** 11-3778416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALINDO, IVONNE  
5461 SW 64 PL  
S MIAMI, FL 33155 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PEREZ, ANGELA I  
Address: 7221 SW 24 ST STE 201  
City-St-Zip: MIAMI, FL 33155

Title: DS  
Name: GALINDO, IVONNE  
Address: 7221 SW 24 ST STE 201  
City-St-Zip: MIAMI, FL 33155

I hereby 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 all other like empowered.

SIGNATURE: ANGELA I PEREZ

DP

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date