

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140735

FILED
Mar 08, 2007
Secretary of State

Entity Name: TRINITY URGENT CARE CORPORATION

Current Principal Place of Business:

2087 SARNO ROAD
MELBOURNE, FL 32905

New Principal Place of Business:

2087 SARNO ROAD
MELBOURNE, FL 32935

Current Mailing Address:

P. O. BOX 410758
MELBOURNE, FL 32941

New Mailing Address:

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

Name and Address of Current Registered Agent:

ARCHINIHU, JOHNSPENCER C DR.
2087 SARNO ROAD
MELBOURNE, FL 32905 US

Name and Address of New Registered Agent:

ARCHINIHU, JOHNSPENCER C DR.
2087 SARNO ROAD
MELBOURNE, FL 32935 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: JOHNSPENCER C. ARCHINIHU

03/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, S () Delete
Name: ARCHINIHU, JOHNSPENCER C DR.
Address: 2087 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32905

Title: VP () Delete
Name: ARCHINIHU, NKEIRUKA N
Address: 2087 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change () Addition
Name: ARCHINIHU, JOHNSPENCER C DR.
Address: 2087 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: VP (X) Change () Addition
Name: ARCHINIHU, NKEIRUKA N
Address: 2087 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32935

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

P

03/08/2007

Electronic Signature of Signing Officer or Director

Date