

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 31, 2010  
Secretary of State**

DOCUMENT# P06000147177

Entity Name: TRINITY SENIOR CARE, INC.

**Current Principal Place of Business:**

7791 NW 46 STREET, SUITE 309  
DORAL, FL 33166

**New Principal Place of Business:**

7791 NW 46 STREET  
309  
DORAL, FL 33166

**Current Mailing Address:**

7791 NW 46 STREET, SUITE 309  
DORAL, FL 33166

**New Mailing Address:**

7791 NW 46 STREET  
309  
DORAL, FL 33166

FEI Number: 20-8449392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHEDA DIEGUEZ, LUIS ALBERTO  
7791 NW 46 STREET, SUITE 309  
DORAL, FL 33166 US

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

LAGOA, DANISLEIDYS  
7791 NW 46 STREET  
309  
DORAL, FL 33166 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: DANISLEIDYS LAGOA

08/31/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: LAGOA, DANISLEIDYS  
Address: 7791 NW 46 STREET, SUITE 309  
City-St-Zip: DORAL, FL 33166

Title: VP  
Name: VELOZO, ELIZABETH  
Address: 7791 NW 46 STREET, SUITE 309  
City-St-Zip: DORAL, FL 33166

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: DANISLEIDYS LAGOA

PRES

08/31/2010

Electronic Signature of Signing Officer or Director

Date