

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147177

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** TRINITY SENIOR CARE, INC.

**Current Principal Place of Business:**

7791 NW 46 STREET  
309  
DORAL, FL 33166

**New Principal Place of Business:**

14850 SW 26 ST  
115  
MIAMI, FL 33185

**Current Mailing Address:**

7791 NW 46 STREET  
309  
DORAL, FL 33166

**New Mailing Address:**

14850 SW 26 ST  
115  
MIAMI, FL 33185

**FEI Number:** 20-8449392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

LAGOA, DANISLEIDYS  
14850 SW 26 ST  
115  
MIAMI, FL 33185 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

01/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PR  
Name: LAGOA, DANISLEIDYS  
Address: 14850 SW 26 ST SUITE 115  
City-St-Zip: MIAMI, FL 33185

Title: VP  
Name: VELOZO, ELIZABETH  
Address: 14850 SW 26 ST SUITE 115  
City-St-Zip: MIAMI, FL 33185

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

01/07/2011

Electronic Signature of Signing Officer or Director

Date