

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103608

FILED
Jan 31, 2011
Secretary of State

Entity Name: ST. TRINITY MEDICAL CENTER INC

Current Principal Place of Business:

3383 NW 7ST
SUITE 213
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260336
MIAMI, FL 33126

New Mailing Address:

FEI Number: 80-0308673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUES, OTTO
3383 NW 7ST
SUITE 213
MIAMI, FL 33125 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: P
Name: MARQUES, OTTO
Address: 3383 NW 7 ST, STE #213
City-St-Zip: MIAMI, FL 33125

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: OTTO MARQUES

P

01/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date