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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signatures]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRINITY Medical Academy, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO9000033727

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise M. Poulson
(Name of Person)

TRINITY Medical Academy
(Name of Firm/Company)

7671 CITA LANE Building #101 Suite 1
(Address)

NEW PORT RICHEY, FL 34653
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Paulson at (727) 372-3301
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

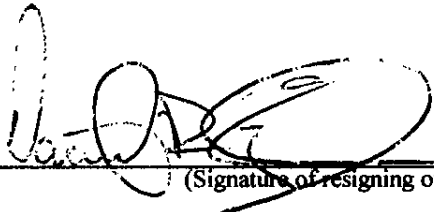
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DANIEL R ELLINGWOOD, hereby resign as PRESIDENT
(Title)

of TRINITY MEDICAL ACADEMY, INC.
(Name of Corporation)

P09000033727, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

2009 JUN -3 PM12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314