

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000057352

FILED
Jun 06, 2011
Secretary of State

Entity Name: TRINITY HEALTHCARE ADVOCATES, INC.

Current Principal Place of Business:

16067 84TH CT NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

16067 84TH CT NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-8591356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, LAURIE ANNE
16067 84TH CT NORTH
LOXAHATCHEE, FL 33470 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: PT
Name: MALONEY, LAURIE ANNE
Address: 16067 84TH CT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPS
Name: MALONEY, MARK JOHN
Address: 16067 84TH CT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

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: MARK JOHN MALONEY

VPS

06/06/2011

Electronic Signature of Signing Officer or Director

Date