

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000075371

FILED
Mar 27, 2012
Secretary of State

Entity Name: TRINITY POINT MEDICAL CENTER, INC.

Current Principal Place of Business:

5333 NORTH DIXIE HIGHWAY
202
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

1959 WOOD TRAIL STREET
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 27-3449060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUIS-CHARLES, MANDALY C
1959 WOOD TRAIL STREET
TARPON SPRINGS, FL 34689 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: LOUIS-CHARLES, MANDALY
Address: 1959 WOOD TRAIL STREET
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP
Name: LOUIS-CHARLES, HANS
Address: 1959 WOOD TRAIL STREET
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TREA
Name: LOUIS-CHARLES, ALEXANDER M
Address: 1959 WOOD TRAIL STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: SEC
Name: LOUIS-CHARLES, MITZI M
Address: 1959 WOOD TRAIL STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: ADV
Name: LOUIS-CHARLES, KINO R
Address: 1959 WOOD TRAIL STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: MANDALY CLAUDE LOUIS-CHARLES

P

03/27/2012

Electronic Signature of Signing Officer or Director

Date