2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

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Entity Name: TRINITY NURSING HOMECARE REGISTRY, INC.

Current Principal Place of Business:

3951 N HAVERHILL ROAD SUITE 202
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

3951 N HAVERHILL ROAD SUITE 202
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 45-3860073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHUCK MOGBO, P.A.
2800 W OAKLAND PARK BLVD SUITE 209
OAKLAND PARK, FL 33311 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: PD
Name: SMITH, GABRIEL
Address: 18612 SW 41ST STREET
City-St-Zip: MIRAMAR, FL 33029

Title: STD
Name: SMITH, MARIE
Address: 18612 SW 41ST STREET
City-St-Zip: MIRAMAR, FL 33029

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: GABRIEL T SMITH PD 04/19/2012

Electronic Signature of Signing Officer or Director Date