FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 01 1998 8:00am PROFI1 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State

1998	·	CORPORATIONS	Secretary	of State
1. Corporation Name TRINITY PHYSICIANS, INC.	0009458 (9)) (1861) 1864 1862 1864	8/18 18/11 8/88/ 8/88/ 8/8/ 88/8
Principal Place of Business	Mailing Address			1 440
1331 NORTH LAWNWOOD CIRCLE	1741 EAST COMMERCIAL	DIVD		
FORT PIERCE FL 34950	FORT PIERCE FL 33334	. OLYD		
US	US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
			02/08/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1	26		65-0385860	Not Applicable
Suite, Apt. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	28 Zip	Country	8. This corporation owes or has paid the a	
4	29	30	Personal Property Tax due June 30.	Yes 🔲 No
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	d Agent
Kassin, Kenneth M		81 Name		
1736 E. COMMERCIAL BLVD		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL 33334		83		
		84 City	F	85 Zip Code
 Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State agent. Lam familiar with, and accept the obliga 	2 and 607.1508, Florida Statut of Florida, Such change was itions of, Section 607.0505, Fl	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the purpose attor's board of directors. I hereby accept the a	of changing its registered oppointment as registered
SIGNATURE				
Signature typic Let perticul career of regetered age. OF LICERS AND	Control of the Contro	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 12
12. OFFICERS AND	DELETE	1.1 Title	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME KASSIN, KENNETH B		1.2 NAME		
STREET ADDRESS 1736 E. COMMERCIAL BLVD		13 STREET ADDRESS		
CITY-ST-7IP FT LAUDERDALE FL 33308		: 1.4 CITY - ST - ZIP		
TITLE	☐ DELETE	2.1 TITLE		Change Addition
IAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
OTY-ST-2IP	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
IAME		3.2 NAME		El cuendo El nuditidis
STREET ADDRESS		3.3 STREET ADDRESS	·	
CITY-SI-ZIP		. 3.4. CITY - ST - ZIP		
ITLE	DELETE	4.1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
0TY-S1-7IP	Louiste	4.4 CITY - ST - ZIP		Change 1 14 data
ITLE	LJ DELETE	5.1 TITLE		Change Addition
IAME		5.2 NAME		
STREET ADDRESS STY-ST-ZIP		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
171-51-21P	DELETE	6.1 TITLE		☐ Change ☐ Addition
IAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
DITY-ST-ZIP		6.4 CITY - ST - ZIP		
14. I hereby certify that the information supplied wi	th this fiting does not qualify f	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

officer or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the receiver of the receiver of trustee. officer or director of the co Block 12 or Block 13 if class

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SIGNATURE: