

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 MAY -9 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001815838
-05/09/96--01113--010
***1675.00 ***225.00

DOCUMENT #

1. Corporation Name

P93000037995

TRINITY MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

Mailing Address

107 NE 19th Drive
7th Floor
Okeechobee, FL 34972

2. Principal Place of Business

2a. Mailing Address

21. same

26. Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

3. Date Incorporated or Qualified

3a. Date of Last Report

5/26/93

5/1/95

4. FEI Number

65-0422094

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 194.05,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KASSIN, KENNETH MD
1736 E. Commercial Blvd.
Ft. Lauderdale, FL 33334

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to change registered agent, and if applicable, registered office

Signature of Registered Agent. Signature required when registered agent is changed

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ DELETE
NAME	President
STREET ADDRESS	Kassin, Kenneth MD
CITY, ST, ZIP	1736 E. Commercial Blvd. Ft. Lauderdale, FL 33334
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth A. Kassin MD

PST1

CR2E034 (12/95)