2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004
Secretary of State

DOCUMENT# P94000082697

Entity Name: TRINITY HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

6151 MIRAMAR PARKWAY
SUITE 101
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

6151 MIRAMAR PARKWAY
SUITE 101
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 65-0501908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOGBO, CHUCK PA
2331 N. STATE ROAD 7 SUITE 124
LAUDERHILL, FL 33313 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, GABRIEL
Address: 6745 ROSE DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: STD ( ) Delete
Name: SMITH, MARIE
Address: 6745 ROSE DRIVE
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SMITH GABRIEL PD 02/13/2004

Electronic Signature of Signing Officer or Director — Date