

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000082697

**FILED**  
**Jan 06, 2005**  
**Secretary of State**

**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 (X)**

**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:**

MOGBO, CHUCK PA  
2800 W OAKLAND PARK BLVD  
209  
OAKLAND PARK, FL 33311 US

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: SMITH GABRIEL THOMAS

01/06/2005

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: PD (X) Change ( ) Addition  
Name: SMITH, GABRIEL T  
Address: 18612 SW 41ST STREET  
City-St-Zip: MIRAMAR, FL 33029

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

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 THOMAS

CEO

01/06/2005

Electronic Signature of Signing Officer or Director

Date