

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 18, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000070714**

1. Entity Name  
**TRINITY HEALTH CARE CONSULTING, INC.**

Principal Place of Business 10286 NW 47 ST  SUNRISE 33351	FL	Mailing Address 10286 NW 47 ST  SUNRISE 33351	FL
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2. Principal Place of Business 3325 S. UNIVERSITY DRIVE	3. Mailing Address 3325 S. UNIVERSITY DRIVE
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Suite, Apt. #, etc. SUITE 112	Suite, Apt. #, etc. SUITE 112
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City & State DAVIE FL	City & State DAVIE FL
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Zip 33328	Country US	Zip 33328	Country US
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4. FEI Number <b>65-0693144</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

LOCKWOOD SCOTT P  
7601 NW 88 CIRCLE  
  
TAMARAC FL  
33321 US

**7. Name and Address of New Registered Agent**

Name  
LOCKWOOD SCOTT P  
Street Address (P.O. Box Number is Not Acceptable)  
9851 NW 10TH COURT  
  
City  
PLANTATION FL Zip Code  
33322

8. 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 \_\_\_\_\_ DATE **01/18/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKWOOD SCOTT 7601 NW 88 CIRCLE TAMARAC FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LOCKWOOD SCOTT 7601 NW 88 CIRCLE TAMARAC FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKWOOD SCOTT 9851 NW 10TH COURT PLANTATION FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LOCKWOOD SCOTT 9851 NW 10TH COURT PLANTATION FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Scott P. Lockwood **PVST** 01/18/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)