

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P960000707 14

1. Entity Name

TRINITY HEALTH CARE CONSULTING, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90089 004 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5400 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 201

City & State

DAVIE, FLORIDA

Zip

33328

Country

3. Mailing Address

5400 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 201

City & State

DAVIE, FLORIDA

Zip

33328

Country

B0056547

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0693144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SCOTT LOCKWOOD

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

9851 NW 10 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.

NEW ADDRESS

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$81.25
 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	PVS SCOTT LOCKWOOD 9851 NW 10 CT. PLANTATION, FL. 33322	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02
Date

954-434-7607
Daytime Phone #