

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90286 044 \*\*\*150.00

US064936 AV

**DOCUMENT # P96000070714**



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

Principal Place of Business  
**5400 S UNIVERSITY DRIVE  
SUITE 201  
DAVIE FL 33328  
US**

Mailing Address  
**5400 S UNIVERSITY DRIVE  
SUITE 201  
DAVIE FL 33328  
US**



2. Principal Place of Business  
**9851 NW 10 CT.**

3. Mailing Address  
**9851 NW 10 CT**

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.  
City & State  
**PLANTATION, FL**

Suite, Apt. #, etc.  
City & State  
**PLANTATION, FL**

4. FEI Number **65-0693144** Applied For  
Not Applicable

Zip **33322** Country **US** Zip **33322** Country **US**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOCKWOOD, SCOTT P  
9851 NW 10TH COURT  
PLANTATION FL 33322**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST LOCKWOOD, SCOTT 9851 NW 10TH COURT PLANTATION FL 33322</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SCOTT P LOCKWOOD* **SIGNATURE REQUIRED (SCOTT LOCKWOOD)** 1/13/03 954-593-3338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)