

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90105 001 ***150.00

DOCUMENT # **P98000038867**

Corporation Name
TRINITY MEDICAL, INC.



Principal Place of Business
**6 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441**

Mailing Address
**446 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Country
29
Zip
30

3. Date Incorporated or Qualified
04/28/1998

4. FEI Number
65-0831665

5. Certificate of Status Desired ☐ **\$8.75** Addi-
Fee Requir

6. Election Campaign Financing ☐ **\$5.00** May
Trust Fund Contribution Added to Fe

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FELDMAN, PETER W
446 W. HILLSBORO BLVD.
STE. 446W
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg-
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regis-
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. ☐ DELETE
**DPS
KASSIN, KENNETH B
1736 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308**

2. ☐ DELETE
**VPT
KASSIN, KENNETH B
1736 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308**

3. ☐ DELETE

4. ☐ DELETE

5. ☐ DELETE

6. ☐ DELETE

13. ☐ Change

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

RECEIVED
POSTED
PAID
AMOUNT
**6195 900.00
1169.00
450.00**

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 in-
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I
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 appe-
Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

COO

Date

Daytime Phone #