

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT

1999 2000



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

FILED  
May 12, 2000 8:00 am  
Secretary of State  
05-12-2000 90056 010 \*\*\*150.00

DOCUMENT # P98000056243

1. Corporation Name  
TRINITY COMFORT CARE, INC.

Principal Place of Business  
7816 ALHAMBRA BOULEVARD  
FL 33023

Mailing Address  
7816 ALHAMBRA BOULEVARD  
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/24/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		65 0850840	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		29		8.75 Additional Fee Required	
30		31		6. Election Campaign Financing	
32		33		Trust Fund Contribution	
34		35		5.00 May Be Added to Fees	
36		37		8. This corporation owes the current year	
38		39		Intangible Personal Property.	
40		41		Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER		81 Name	
343 ALMERIA AVENUE		COMFORT JACKSON BELLO	
CORAL GABLES FL 33134		82 Street Address (P.O. Box Number is Not Acceptable)	
		7724 FAIRWAY BLVD	
		83 City	
		MIRAMAR FL 33023	
		84 City	
		FL	
		85 Zip Code	

11. 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 registered 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 registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		1.1 TITLE		Change Addition	
1.2 NAME		1.2 NAME		Change Addition	
1.3 STREET ADDRESS		1.3 STREET ADDRESS		Change Addition	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP		Change Addition	
2.1 TITLE		2.1 TITLE		Change Addition	
2.2 NAME		2.2 NAME		Change Addition	
2.3 STREET ADDRESS		2.3 STREET ADDRESS		Change Addition	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		Change Addition	
3.1 TITLE		3.1 TITLE		Change Addition	
3.2 NAME		3.2 NAME		Change Addition	
3.3 STREET ADDRESS		3.3 STREET ADDRESS		Change Addition	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		Change Addition	
4.1 TITLE		4.1 TITLE		Change Addition	
4.2 NAME		4.2 NAME		Change Addition	
4.3 STREET ADDRESS		4.3 STREET ADDRESS		Change Addition	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		Change Addition	
5.1 TITLE		5.1 TITLE		Change Addition	
5.2 NAME		5.2 NAME		Change Addition	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		Change Addition	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		Change Addition	
6.1 TITLE		6.1 TITLE		Change Addition	
6.2 NAME		6.2 NAME		Change Addition	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		Change Addition	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		Change Addition	

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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Bello President 4/26/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (5/99)