

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067620

FILED
Mar 17, 2009
Secretary of State

Entity Name: TRINITY MEDICAL CLINIC, P.A.

Current Principal Place of Business:

10425 SPRING HILL DR.
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

10425 SPRING HILL DR.
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 59-3592024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCELY, DEVABAVUS
7377 ROYAL OAK DRIVE
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MERCELY, DEVABAVUS
Address: 7377 ROYAL OAK DRIVE
City-St-Zip: SPRING HILL, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MERCELY, DEVABAVUS
Address: 7377 ROYAL OAK DRIVE
City-St-Zip: SPRING HILL, FL 34607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERCELY DEVABAVUS

DR

03/17/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date