2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07189

City-St-Zip:

Entity Name: TRINITY MEDICAL SERVICES, INC.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 717 CONSTITUTION DRIVE 4850 E STREET ROAD, SUITE 300 TREVOSE, PA 19053 STE 202 **EXTON, PA 19341 New Mailing Address: Current Mailing Address:** 717 CONSTITUTION DRIVE 4850 E STREET ROAD, SUITE 300 SUITE 202 TREVOSE, PA 19053 **EXTON, PA 19341** FEI Number: 65-0225009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 PINE ISLAND RD PLANTATION, FL 33324 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/D () Delete Title: PRFS (X) Change () Addition GRACE, ANDREW Name: Name: CASEY, TIMOTHY JAMES 1160 CENTRE POINT DRIVE 4850 E STREET ROAD, SUITE 300 Address: Address: City-St-Zip: MENDOTA HEIGHTS, MN 55120 City-St-Zip: TREVOSE, PA 19053 Title: VΡ Title: () Delete (X) Change () Addition NEERENBERG, HARRY M Name: FARNSCHLADER, ALICE E Name: 717 CONSTITUTION DR, SUITE 202 4850 E STREET ROAD, SUITE 300 Address: Address: TREVOSE, PA 19053 City-St-Zip: **EXTON. PA 19341** City-St-Zip: Title: Title: TRFA () Delete SEC (X) Change () Addition NEERENBERG, HARRY M HANSEN, BRADLEY NEWELL Name: Name: 717 CONSTITUTION DR, SUITE 202 4850 E STREET ROAD, SUITE 300 Address: Address: City-St-Zip: **EXTON, PA 19341** City-St-Zip: TREVOSE, PA 19053 Title: () Delete Title: **TRSR** () Change (X) Addition NEERENBERG, HARRY M Name: Name: Address: Address: 4850 E STREET ROAD, SUITE 300 City-St-Zip: City-St-Zip: TREVOSE, PA 19053 Title: Title: () Change (X) Addition () Delete Name: Name: CASEY, TIMOTHY JAMES 4850 E STREET ROAD, SUITE 300 Address: Address: City-St-Zip: City-St-Zip: TREVOSE, PA 19053 Title: () Delete Title: () Change (X) Addition DATO, DOMINICPATRICK Name: Name: 4850 E STREET ROAD, SUITE 300 Address: Address:

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.

City-St-Zip:

TREVOSE, PA 19053

SIGNATURE: HARRY M NEERENBERG VP 04/21/2008