FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **S27078** (2)

TRINITY MEDICAL CENTER, INC.

Principal Address	Mailing Address
1741 EAST COMMERCIAL BLVD FORT LAUDERDALE FL 33334 US	1741 E COMMERCIAL BLVD FORT LAUDERDALE FL 33334 US

3. Date Incorporated or Qualified: 01/23/1991

3a. Date of Last Report: 04/28/1994

4. FEI Number: 65-0237018 — [ ] Applied For [ ] Not Applicable

2. Principal Address — 2a. Mailing Address

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has paid its intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KASSIN, MD K 1736 E COMMERICAL BLVD FT LAUDERDALE FL 33334	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City — FL — 85 Zip Code

11. Pursuant to the provisions of sections 607.1508 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: P NAME: KASSIN, MD K STREET ADDRESS: 1736 E COMMERICAL BLVD CITY-ST-ZIP: FT LAUDERDALE FL	[ ] Change [ ] Addition
TITLE: VSTD NAME: KASSIN, KENNETH B M.D. STREET ADDRESS: 1736 EAST COMMERCIAL BL CITY-ST-ZIP: FORT LAUDERDALE FL	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0236738 CP