

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Montham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S63420** (1)

1. Corporation Name

TRINITY HEALTH CARE CORPORATION

Principal Place of Business

**95 GENEVA DRIVE
OVIEDO FL 32765
US**

Mailing Address

**95 GENEVA DRIVE
OVIEDO FL 32765
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HODGES, GEORGE
111 W MAGNOLIA AVE
SUITE 107
LONGWOOD FL 32750**

81 Name

GEORGE HODGES EA

82 Street Address (P.O. Box Number is Not Acceptable)

435 EAST S.R. 434 SUITE 300

83

84 City

LONGWOOD

FL

85 Zip Code

32750

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

George Hodges, EA

4-16-96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PS
ENEMCHUKWU, OBI E.
1442 W. HOLDEN APT. C
ORLANDO FL**

☐ DELETE

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

**OBI E. ENEMCHUKWU
1021 WILD PINE RD.
MIMS, FL 32754**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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

☐ Change ☐ Addition

14. I do 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:

George Hodges, EA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

DATE

407-366-2677

TELEPHONE NUMBER

FILED
May 01, 1996 08:00 AM
Secretary of State



CR2E034 (12/95)