

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S63420

1. Entity Name

TRINITY HEALTH CARE CORPORATION

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90067 015 ***150.00

0052014

| | |
|---|---|
| Principal Place of Business 91 GENEVA DRIVE OVIEDO FL 32765 US | Mailing Address 91 GENEVA DRIVE OVIEDO FL 32765 US |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

| | | |
|---|--------------------------|-------------------------------|
| 6. Name and Address of Current Registered Agent | 4. FEI Number 59-3074839 | Applied For Not Applicable |
|---|--------------------------|-------------------------------|

HODGES, GEORGE
435 EST SR 434 SUITE 300
SUITE 107
LONGWOOD FL 32750

| | |
|---|--|
| 7. Name and Address of New Registered Agent | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---|--|

| | | | | |
|----------------------|--|----------------|----|-------------------|
| Name Jett Vaughan | Street Address (P.O. Box Numbers Not Acceptable) 301 S. Central Ave | City Oviedo | FL | Zip Code 32745 |
|----------------------|--|----------------|----|-------------------|

8. 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 *[Signature]* DATE 3-9-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| | |
|----------------------------|---|
| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|----------------------------|---|

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS ENEMCHUKWU, OBI E 1021 WILD PINE RD MIMS FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* OBI ENEMCHUKWU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01
Date

(407) 366-2677
Daytime Phone #

CR2E034 (10/00)