


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90055 045 ***150.00

DOCUMENT # S63420	
1. Entity Name TRINITY HEALTH CARE CORPORATION	

Principal Place of Business 91 GENEVA DRIVE OVIEDO FL 32765 US	Mailing Address 91 GENEVA DRIVE OVIEDO FL 32765 US
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2. Principal Place of Business - No P.O. Box # 85 GENEVA DRIVE	3. Mailing Address 85 GENEVA DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State OVIEDO FL	City & State OVIEDO FL
Zip 32765	Zip 32765
Country USA	Country USA

4. FEI Number 59-3074839	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAUGHAN, JEFF 361 S CENTRAL AVE OVIEDO FL 32765	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Obi Enemchukwu* **OBI ENEMCHUKWU** **4-25-07** **407 366 2677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #