

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63420

FILED
Mar 23, 2009
Secretary of State

Entity Name: TRINITY HEALTH CARE CORPORATION

Current Principal Place of Business:

PO BOX 621695
OVIEDO, FL 32762 US

New Principal Place of Business:

1021 WILD PINE RD
MIMS, FL 32754 US

Current Mailing Address:

PO BOX 621695
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 59-3074839 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VAUGHAN, JEFF
361 S CENTRAL AVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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:

Title: PS () Delete
Name: ENEMCHUKWU, OBI E
Address: 1021 WILD PINE RD
City-St-Zip: MIMS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: ENEMCHUKWU, OBI E
Address: 1021 WILD PINE RD
City-St-Zip: MIMS, FL 32754 US

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.

SIGNATURE: OBI ENEMCHUKWU

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date