

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000078057

Entity Name: TRINITY NATURAL HEALTH & PAIN MANAGEMENT, INC

Current Principal Place of Business:

1100 NE 163RD ST
404
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1100 NE 163RD ST
404
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 61-1692810

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARC-EUGENE, ABDONEL
16795 SW 36 ST
MIRAMAR, FL 33027 US

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

Officer/Director Detail :

Title P
Name MARC-EUGENE, ABDONEL DR.
Address 16795 SOUTHWEST 36TH STREET
City-State-Zip: MIRAMAR FL 33027

Title VP
Name JOSEPH, JEAN-RENAUD
Address 20465 SOUTHWEST 5TH STREET
City-State-Zip: PEMBROKE PINE FL 33029

I hereby 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 all other like empowered.

SIGNATURE: ABDONEL MARC-EUGENE

PRESIDENT

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date