

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000078057

Entity Name: TRINITY NATURAL HEALTH & PAIN MANAGEMENT, INC

Current Principal Place of Business:

1100 NE 125 STREET
STE 203A
NORTH MIAMI , FL 33161

Current Mailing Address:

1100 NE 125 STREET
STE 203A
NORTH MIAMI , FL 33161 US

FEI Number: 61-1692810

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARC-EUGENE, ABDONEL
3475 NW 30TH STREET
503
LAUDERDALE LKS, FL 33311 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
Address 3475 NW 30TH STREET #503
City-State-Zip: LAUDERDALE LAKES FL 33311

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

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date