

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000067620

**Entity Name:** TRINITY MEDICAL CLINIC, P.A.

**Current Principal Place of Business:**

10425 SPRING HILL DR.  
SPRING HILL, FL 34608

**Current Mailing Address:**

P O BOX 6117  
SPRING HILL, FL 34611 US

**FEI Number: 59-3592024**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MERCELY, DEVABAVUS  
3114 GULF WINDS CIRCLE  
HERNANDO BEACH, FL 34607 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 DR  
Name DEVABAVUS, MERCELY  
Address 3114 GULF WINDS CIRCLE  
City-State-Zip: HERNANDO BEACH FL 34607

*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: MERCELY DEVABAVUS,MD,**

**MD**

**01/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date