

2021 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 R DEVABAVUS

MD

01/31/2021

Electronic Signature of Signing Officer/Director Detail

Date