

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000065866

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** TOTAL PHYSICIAN SOLUTIONS, INC.

**Current Principal Place of Business:**

9780 E INDIGO STREET  
SUITE 204  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

9780 E INDIGO STREET  
SUITE 204  
PALMETTO BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 27-3363085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVY, RAYMOND A  
9780 E INDIGO STREET  
SUITE 204  
PALMETTO BAY, FL 33157 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEVY, RAYMOND  
Address: 9780 E INDIGO STREET, SUITE 204  
City-St-Zip: PALMETTO BAY, FL 33157

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: RAYMOND A LEVY

P

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date