FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S77281** (1)

1. Corporation Name

TOTAL HEALTH CORPORATION

Principal Place of Business

1380 NE MIAMI GARDENS DR
SUITE 115
N MIAMI BCH FL 33179

Mailing Address

1380 NE MIAMI GARDENS DR
SUITE 115
N MIAMI BCH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1991

3a. Date of Last Report: 06/09/1994

4. FEI Number: 65-0288332 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 191.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25

2a. Mailing Address — 26 — 27 — 28 — 29 — 30

9. Name and Address of Current Registered Agent

SCHWARTZ, HERBERT
1380 NE MIAMI GARDENS DR
N MIAMI BCH FL 33179

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the Florida statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRAYND, GERMAN
STREET ADDRESS	1380 NE MIAMI GARDENS DR
CITY	N MIAMI BCH FL
TITLE	DST
NAME	SCHWARTZ, HERBERT
STREET ADDRESS	1380 NE MIAMI GARDENS DR
CITY	N MIAMI BCH FL

13. ADDITIONS, CHANGES, OFFICERS AND DIRECTORS

14. I do hereby certify that the information shown in this form is accurately furnished and does not qualify for the exemption stated in Section 1 of the Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 14 or has been entered with an address.

SIGNATURE: X Herbert Schwartz X 5-15-95 (305) X947-4461

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

HERBERT SCHWARTZ, DIRECTOR

0196000 CP