

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000054428

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** TOTAL FAMILY HEALTH CARE CENTER, INC.

**Current Principal Place of Business:**

16605 NW 10TH STREET  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

16605 NW 10TH STREET  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number:** 26-2735400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILLESPIE JOHNSON, MARJORIE  
16605 NW 10TH STREET  
PEMBROKE PINES, FL 33028 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GILLESPIE JOHNSON, MARJORIE  
**Address:** 16605 NW 10TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33028

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:** MARJORIE GILLESPIE JOHNSON

P

03/23/2010

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

\_\_\_\_\_  
Date