SIGNATURE: MARIA TERESA RAFAELLY

Electronic Signature of Signing Officer/Director Detail

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.

Name and Address of Current Registered Agent:

RAFAELLY, MARIA T 5959 BLUE LAGOON DRIVE SUITE # 401 MIAMI, FL 33126 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

Officer/Director Detail :

Title	PRESIDENT	Title	DIRECTOR/CEO
Name	RAFAELLY, MARIA T	Name	RAFAELLY, MARIA T
Address	5959 BLUE LAGOON DRIVE SUITE # 401	Address	5959 BLUE LAGOON DRIVE SUITE # 401
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060222

Entity Name: TOTAL CARE HOME SERVICES, INC.

Current Principal Place of Business:

5959 BLUE LAGOON DRIVE SUITE # 401 MIAMI, FL 33126

Current Mailing Address:

5959 BLUE LAGOON DRIVE SUITE # 401 MIAMI, FL 33126 US

FEI Number: 14-1928018

PRESIDENT

01/09/2015

Date

FILED Jan 09, 2015 Secretary of State CC3437108711

Certificate of Status Desired: Yes

Date