

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000060222

**Entity Name:** TOTAL CARE HOME SERVICES, INC.

**Current Principal Place of Business:**

7200 NW 19 ST  
SUITE # 303  
MIAMI, FL 33126

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC9934864904**

**Current Mailing Address:**

7200 NW 19 ST  
SUITE # 303  
MIAMI, FL 33126

**FEI Number: 14-1928018**

**Certificate of Status Desired: Yes**

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

RAFAELLY, MARIA T  
7200 NW 19 ST  
SUITE # 303  
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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RAFAELLY, MARIA T  
Address        7200 NW 19 ST, SUITE #303  
City-State-Zip: MIAMI FL 33126

Title            DIRECTOR/CEO  
Name            RAFAELLY, MARIA T  
Address        7200 NW 19 ST., SUITE #303  
City-State-Zip: MIAMI FL 33126

*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: MARIA TERESA RAFAELLY**

**PRESIDENT**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date