


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90283 018 \*\*\*150.00

**DOCUMENT # F06000000529**

1. Entity Name  
**PHYSICIANS TOTAL CARE, INC.**



Principal Place of Business      Mailing Address

**5415 S 125TH E AVENUE  
 SUITE 205  
 TULSA, OK 74146**

**5416 S 125TH E AVENUE  
 SUITE 205  
 TULSA, OK 74146**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**12515 E 55 St**      **12515 E 55 St**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**100**      **100**

City & State      City & State

**Tulsa OK**      **Tulsa OK**

Zip      Country      Zip      Country

**74146 USA**      **74146 USA**



01052007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**73-1288318**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DUFFEY, SAMUEL**  
**8771 GREY OAKS AVENUE**  
**SARASOTA, FL 34238**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> Delete
NAME	MOSELEY, WARREN G	
STREET ADDRESS	5416 S 125TH E AVENUE #205	
CITY - ST - ZIP	TULSA, OK 74146	
TITLE	VC	<input type="checkbox"/> Delete
NAME	GRAELER, KENNETH H	
STREET ADDRESS	5415 S 125TH E AVENUE #205	
CITY - ST - ZIP	TULSA, OK 74146	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GRAELER, KENNETH H	
STREET ADDRESS	5415 S 125TH E AVENUE #205	
CITY - ST - ZIP	TULSA, OK 74146	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOERCHINGER, THOMAS A	
STREET ADDRESS	4629 SOUTHERN	
CITY - ST - ZIP	HIGHLAND PARK, TX 75209	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENEDICT, WILLIAM W MD	
STREET ADDRESS	455 HAMMERMILL ROAD	
CITY - ST - ZIP	ST. LOUIS, MO 63141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12515 E 55 St Suite 100	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12515 E 55 St Suite 100	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12515 E 55 St Suite 100	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kenneth H. Graeler, Treas.      **1-5-07 918-254-2273**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Kenneth H. Graeler