

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000529

FILED
Jan 06, 2009
Secretary of State

Entity Name: PHYSICIANS TOTAL CARE, INC.

Current Principal Place of Business:

12515 E. 55TH STREET
SUITE 100
TULSA, OK 74146

New Principal Place of Business:

Current Mailing Address:

12515 E. 55TH STREET
SUITE 100
TULSA, OK 74146

New Mailing Address:

FEI Number: 73-1288318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFFEY, SAMUEL
8771 GREY OAKS AVENUE
SARASOTA, FL 34238 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: CD () Delete
Name: MOSELEY, WARREN G
Address: 12515 EAST 55TH STREET SUITE 100
City-St-Zip: TULSA, OK 74146

Title: VC () Delete
Name: GRAELER, KENNETH H
Address: 12515 EAST 55TH STREET SUITE 100
City-St-Zip: TULSA, OK 74146

Title: VST () Delete
Name: GRAELER, KENNETH H
Address: 12515 EAST 55TH STREET SUITE 100
City-St-Zip: TULSA, OK 74146

Title: D () Delete
Name: FLOERCHINGER, THOMAS A
Address: 4629 SOUTHERN
City-St-Zip: HIGHLAND PARK, TX 75209

Title: D () Delete
Name: BENEDICT, WILLIAM W MD
Address: 455 HAMMERMILL ROAD
City-St-Zip: ST. LOUIS, MO 63141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FLOERCHINGER, THOMAS A
Address: 79 TOWNE PLACE
City-St-Zip: HENDERSONVILLE, NC 28792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH H. GRAELER

VST

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date