

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006353

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: MP TOTALCARE SERVICES, INC.

## Current Principal Place of Business:

67 INVERNESS DRIVE EAST  
SUITE 150  
ENGLEWOOD, CO 80112

## New Principal Place of Business:

## Current Mailing Address:

14255 49TH STREET NORTH  
SUITE 303  
CLEARWATER, FL 33762

## New Mailing Address:

FEI Number: 84-1284513      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERSON, TRACY N  
14255 49TH STREET N  
SUITE 301  
CLEARWATER, FL 33762 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: PD ( ) Delete  
Name: MICLOT, JOHN L  
Address: 14255 49TH STREET N., SUITE 301  
City-St-Zip: CLEARWATER, FL 33762

Title: STD ( ) Delete  
Name: SAFT, STEPHEN M  
Address: 14255 49TH STREET N., SUITE 301  
City-St-Zip: CLEARWATER, FL 33762

Title: AS ( ) Delete  
Name: PETERSON, T. COLE  
Address: 14255 49TH ST N STE 301  
City-St-Zip: CLEARWATER, FL 33762

Title: VP ( ) Delete  
Name: GELDART, MICHAEL D  
Address: 14255 49TH ST N STE 301  
City-St-Zip: CLEARWATER, FL 33762

## 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: ( ) 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: T. COLE PETERSON

AS

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date