
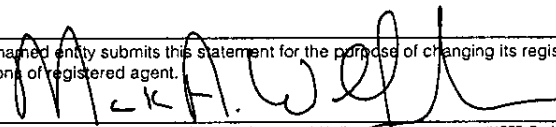
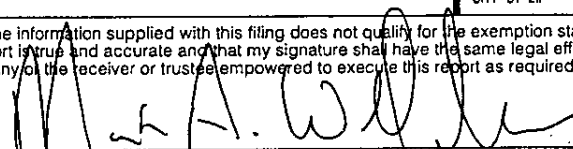


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90315 050 ****50.00

DOCUMENT # L01000017436			
1. Entity Name TOTAL MEDICAL SOLUTIONS, LLC			
Principal Place of Business 321 EAST GEORGIA AVENUE LONGWOOD, FL 32750		Mailing Address % HANS KENNON, ESQ/MORGAN COLLING GILBERT 20 NORTH ORANGE AVENUE 10TH FLOOR ORLANDO, FL 32801	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 510 Harbor Cove Circle Suite, Apt. #, etc.	
City & State		City & State Longboat Key, FL	
Zip	Country	Zip 34228	Country USA
4. FEI Number 30-0017010		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KENNON, HANS MORGAN, COLLING & GILBERT 20 NORTH ORANGE AVENUE, 10TH FLOOR ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name: Mark A. Wolfendale Street Address (P.O. Box Number is Not Acceptable): 321 East Georgia Avenue City: Longwood FL Zip Code: 32750	
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:  DATE: 2/26/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: ROY, WILFRED J III STREET ADDRESS: 321 EAST GEORGIA AVENUE CITY-ST-ZIP: LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete	TITLE: MGRM NAME: Wolfendale, Mark A. STREET ADDRESS: 321 East Georgia Avenue CITY-ST-ZIP: Longwood, FL 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		2/26/2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	