

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019867

FILED
Apr 29, 2005
Secretary of State

Entity Name: TOTAL CORPORATE CARE, LLC

Current Principal Place of Business:

283 CRANES ROOST BLVD STE. 111
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

283 CRANES ROOST BLVD STE. 111
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, GEORGE
585 SOUTH RONALD REAGAN BLVD STE. 121
LONGWOOD, FL 327505462 US

Name and Address of New Registered Agent:

DARROW, DAVID
283 CRANES ROOST BLVD
SUITE 111
ALTAMONTE SPRINGS, FL 32701 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: DAVID DARROW

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ARTRIP, H.GENE
Address: 922 CUTLER ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MBR () Change (X) Addition
Name: DARROW, DAVID
Address: 283 CRANES ROOST BLVD, SUITE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID DARROW

MBR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date