


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90115 048 ****50.00

DOCUMENT # L99000005585	
1. Entity Name TOTAL LIFECARE INTERNATIONAL, L.C.	

Principal Place of Business 1503 WEST SMITH STREET ORLANDO, FL 32804	Mailing Address 1503 WEST SMITH STREET ORLANDO, FL 32804
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2. Principal Place of Business 7512 Dr. Phillips Blvd	3. Mailing Address 7512 Dr. Phillips Blvd
Suite, Apt. #, etc. Ste 50, Mail Box 514	Suite, Apt. #, etc. Ste 50, Mail Box 514
City & State Orlando, FL	City & State Orlando, FL
Zip 32819	Country USA



04222004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3691090	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 DU PREEZ, GEORGE F 1503 WEST SMITH STREET ORLANDO, FL 32804	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7512 Dr. Phillips Blvd, Ste 50 City Orlando, FL Zip Code 32819
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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.

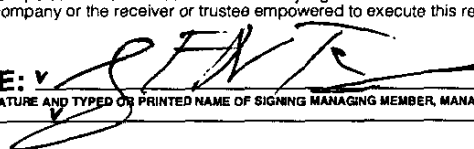
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDTECH CORPORATION OF AMERICA, INC. 1503 WEST SMITH STREET ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7512 Dr. Phillips Blvd, Ste 50 Orlando, FL 32819
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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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

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:  **GEORGE F. DUPREE**
PRESIDENT, MEDTECH
Date **4/30/04** Daytime Phone # **407 275 5426**
CORP OF AMERICA, INC.
MANAGING MEMBER