

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90091 001 ****50.00

DOCUMENT # L99000005585 1. Entity Name TOTAL LIFECARE INTERNATIONAL, L.C.					
Principal Place of Business 7512 DR. PHILLIPS BLVD., STE 50, BOX 514 ORLANDO, FL 32819			Mailing Address 7512 DR. PHILLIPS BLVD., STE 50, BOX 514 ORLANDO, FL 32819		
2. Principal Place of Business 8944 VIA BELLA NOTTE		3. Mailing Address 8944 VIA BELLA NOTTE			
Suite, Apt. #, etc. ORLANDO		Suite, Apt. #, etc. ORLANDO			
City & State FLORIDA		City & State FLORIDA			
Zip 32836	Country USA	Zip 32836	Country USA	4. FEI Number 59-3691090	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DU PREEZ, GEORGE F 7512 DR. PHILLIPS BLVD., STE 50, BOX 514 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name GEORGE DU PREEZ Street Address (P.O. Box Number is Not Acceptable) 8944 VIA BELLA NOTTE City ORLANDO FL Zip Code 32836		
8. The above named entity authorizes 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 GEORGE DU PREEZ, PRESIDENT, MEDTECH CORP OF AMERICA INC. MANAGING MEMBER APRIL 25, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		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. 7512 DR. PHILLIPS BLVD., STE 50, BOX 514 ORLANDO, FL 32819 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	8944 VIA BELLA NOTTE ORLANDO, FLORIDA 32836 <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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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, the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: GEORGE DU PREEZ, PRESIDENT, MEDTECH CORP OF AMERICA INC. MANAGING MEMBER APRIL 25, 2005 (407) 998 8542 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					