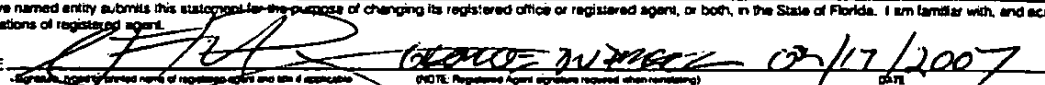
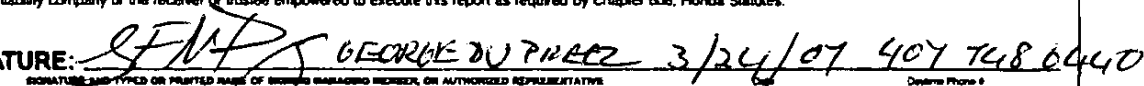


FILED
Mar 30, 2007 8:00 am
Secretary of State

01-18-2007 90016 008 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000005585		
1. Entity Name TOTAL LIFECARE INTERNATIONAL, L.C.		
Principal Place of Business 8944 VIA BELLA NOTTE ORLANDO, FL 32836		Mailing Address 8944 VIA BELLA NOTTE ORLANDO, FL 32836
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent DU PEREZ, GEORGE 8944 VIA BELLA NOTTE ORLANDO, FL 32836		DO NOT WRITE IN THIS SPACE
9. 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:  GEORGE DU PREEZ 02/17/2007 (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when non-standing)		
Filing Fee is \$50.00 Due by May 1, 2007		
10. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MEDTECH CORPORATION OF AMERICA, INC. 8944 VIA BELLA NOTTE ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.		
SIGNATURE:  GEORGE DU PREEZ 3/24/07 407 748 6440 (Signature, typed or printed name of business managing member, or authorized representative) (NOTE: Phone #)		