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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	Mailing Address
8944 VIA BELLA NOTTE ORLANDO, FL 32836	8944 VIA BELLA NOTTE ORLANDO, FL 32836

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01112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3691090
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DU PEREZ, GEORGE
8944 VIA BELLA NOTTE
ORLANDO, FL 32836

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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: GEORGE DU PEREZ 03/17/2007
(Signature of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MEDTECH CORPORATION OF AMERICA, INC.
STREET ADDRESS	8944 VIA BELLA NOTTE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: GEORGE DU PEREZ 3/24/07 407 748 6440
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #