

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004342

FILED  
Jul 20, 2005  
Secretary of State

**Entity Name:** TOTAL CARE LEARNING CENTER, INC.

**Current Principal Place of Business:**

16201 SW 95TH AVENUE  
SUITE 110  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

16201 SW 95TH AVENUE  
SUITE 110  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 27-0059022      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAMS, CISLIN G  
16530 SW 103 PLACE  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, CISLIN G  
Address: 16530 SW 103 PLACE  
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete  
Name: PHILLIP, SHARRON K  
Address: 150 REGIS DRIVE  
City-St-Zip: STATON ISLAND, NY 10609

Title: S/T ( ) Delete  
Name: WILLIAMS, NICOLE G  
Address: 16530 SW 103 PLACE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CISLIN WILLIAMS

P

07/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date