2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N97000007041

Entity Name: TOTAL HEALTH CHOICE, INC.

Current Principal Place of Business:

8701 SW 137 AVE
200
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 830010
MIAMI, FL 332890010

New Mailing Address:

FEI Number: 33-0603319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALGATE, LYLE
8701 S.W. 137TH AVENUE
SUITE 200
MIAMI, FL 33183 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: ALGATE, LYLE
Address: 8701 SW 137TH AVE, SUITE 200
City-St-Zip: MIAMI, FL 33183

Title: TD ( ) Delete
Name: KADHER, KATHLEEN
Address: 8701 SW 137TH AVE STE 200
City-St-Zip: MIAMI, FL 33183

Title: SD ( ) Delete
Name: GETRUDE, MINKIEWICZ
Address: 8701 SW 137 AVE, STE 200
City-St-Zip: MIAMI, FL 33183

Title: CD ( ) Delete
Name: BAKER, DOUGLAS
Address: 8701 SW 137 AVE, STE 200
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: CLAY, MARY JANE
Address: 8701 SW 137TH AVE, SUITE 200
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: ABBOTT, JEANETTE
Address: 8701 SW 137TH AVE, SUITE 200
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: ALGATE, LYLE
Address: 8701 SW 137TH AVE, SUITE 200
City-St-Zip: MIAMI, FL 33183

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

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

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

Title: D (X) Change ( ) Addition
Name: COLE, RUBY OCTAVIA
Address: 8701 SW 137TH AVE, SUITE 200
City-St-Zip: MIAMI, FL 33183

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LYLE ALGATE CEO 04/17/2009

Electronic Signature of Signing Officer or Director — Date