## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000007041

FILED Feb 16, 2010 Secretary of State

Entity Name: TOTAL HEALTH CHOICE, INC.

Current Principal Place of Business: New Principal Place of Business:

8701 SW 137 AVE 200 MIAMI, FL 33183

Current Mailing Address: New Mailing Address:

P.O. BOX 830010 MIAMI, FL 332890010

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

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

ALGATE, LYLE 8701 S.W. 137TH AVENUE SUITE 200 MIAMI, FL 33183 US

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.

III the State of Florid

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: CEO

Name: ALGATE, LYLE

Address: 8701 SW 137TH AVE, SUITE 200

City-St-Zip: MIAMI, FL 33183

Title: TD

Name: KATHER, KATHLEEN
Address: 8701 SW 137TH AVE STE 200

City-St-Zip: MIAMI, FL 33183

Title: SD

Name: GETRUDE, MINKIEWICZ Address: 8701 SW 137 AVE, STE 200

City-St-Zip: MIAMI, FL 33183

Title: CD

Name: BAKER, DOUGLAS

Address: 8701 SW 137 AVE, STE 200

City-St-Zip: MIAMI, FL 33183

Title: VCD

Name: COLE, RUBY OCTAVIA

Address: 8701 SW 137TH AVE, SUITE 200

City-St-Zip: MIAMI, FL 33183

Title: [

Name: ABBOTT, JEANETTE

Address: 8701 SW 137TH AVE, SUITE 200

City-St-Zip: MIAMI, FL 33183

I hereby 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 all other like empowered.

SIGNATURE: LYLE ALGATE CEO 02/16/2010