

N97000007D41

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Total Health Choice, Inc.
Name of Corporation

DOCUMENT NUMBER: N97000007041

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John P. Ulrich, Jr.
Name of Contact Person

Kotz, Sangster, Wysocki & Berg, P.C.
Firm/Company

400 Renaissance Center, Suite 3400
Address

Detroit, Michigan 48243
City/State and Zip Code

julrich@kotzsangster.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John P. Ulrich Jr. at (313) 259-8300
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Attorneys & Counselors

KOTZ, SANGSTER, WYSOCKI AND BERG, P.C.

400 RENAISSANCE CENTER, SUITE 3400 | DETROIT | MICHIGAN | 48243
(313) 259-8300 | (313) 259-1451 FAX
WWW.KOTZSANGSTER.COM

NICOLE M. HARMS, CP
CERTIFIED PARALEGAL
nharms@kotzsangster.com
(313) 259-8786 Direct

June 25, 2010

Ms. Irène Albritton
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

RE: TOTAL HEALTH CHOICE, INC. (N97000007041)

Dear Ms. Albritton:

Per our telephone conversation, enclosed for filing is the Statement of Change of Registered Office or Registered Agent or Both for Corporations regarding Total Health Choice, Inc. bearing the original signature of a representative from CT Corporation. Please apply the \$35 you are holding for the filing fee.

Please return a file stamped copy to my attention in the enclosed self-addressed envelope.

If you have any questions and/or comments, please do not hesitate to contact the undersigned.

Sincerely,

KOTZ, SANGSTER, WYSOCKI AND BERG, P.C.

NICOLE M. HARMS, CP
CERTIFIED PARALEGAL

NMH/slt
Enclosures
VIA FIRST CLASS MAIL

DETROIT OFFICE
400 RENAISSANCE CENTER
SUITE 3400
DETROIT, MICHIGAN 48243

BIRMINGHAM OFFICE
300 PARK
SUITE 265
BIRMINGHAM, MICHIGAN 48009

WEST MICHIGAN OFFICE
400 EAST FRONT STREET
SUITE G
BUCHANAN, MICHIGAN 49107

CALIFORNIA OFFICE
500 NORTH STATE COLLEGE BLVD.
SUITE 1100
ORANGE, CALIFORNIA 92668





FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2010

JOHN P. ULRICH, JR.
KOTZ, SANGSTER, WYSOCKI & BERG, P.C.
400 RENAISSANCE CENTER - SUITE 3400
DETROIT, MI 48243

SUBJECT: TOTAL HEALTH CHOICE, INC.
Ref. Number: N97000007041

We have received your document for TOTAL HEALTH CHOICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 510A00014551

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Total Health Choice, Inc.
2. The principal office address: 8701 S.W. 137th Avenue Suite 200 , Suite 200, Miami FL 33183

3. The mailing address (if different): P.O. BOX 830010, Miami FL 33289-0010

4. Date of incorporation/qualification: 12/18/1997 Document number: N97000007041

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Algate, Lyle

8701 S.W. 137th Avenue Suite 200

MIAMI FL 33183 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Ashley Pipes
Signature of Registered Agent

6/25/10
Date

If signing on behalf of an entity:

Assistant Secretary
Ashley Pipes

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314