2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P01000040373

Entity Name: TOTAL CARE, INC.

Current Principal Place of Business:

2563 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

2565 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308 US

Current Mailing Address:

PO BOX 14126
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3740075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, WILBURN T III
301 N.E. MARION STREET
MADISON, FL 32340 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: PD
Name: DAVIS, WILBURN T III
Address: 2130 LAROCHELLE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP
Name: DAVIS, WILBURN T JR
Address: 3544 SW OVERSTREET AVE
City-St-Zip: TALLAHASSEE, FL 32331

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILBURN T DAVIS III PD 04/29/2011

Electronic Signature of Signing Officer or Director Date