

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000040373

Entity Name: TOTAL CARE, INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2565 CAPITAL MEDICAL BLVD  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**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

PRES

04/27/2012

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

\_\_\_\_\_  
Date