

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073054

FILED
Mar 15, 2009
Secretary of State

Entity Name: TOTAL CARE SERVICES LEASING, INC.

Current Principal Place of Business:

5880 ENGLISH OAKS LA
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

5880 ENGLISH OAKS LA
NAPLES, FL 34119

New Mailing Address:

FEI Number: 59-3743152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELIA, BRUCE
5880 ENGLISH OAKS LA
NAPLES, FL 34119 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELIA, BRUCE
Address: 5880 10TH AVENUE NW
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DELIA, BRUCE
Address: 5880 ENGLISH OAKS LA
City-St-Zip: NAPLES, FL 34119

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

SIGNATURE: BRUCE DELIA

PRES

03/15/2009

Electronic Signature of Signing Officer or Director

Date