

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104671

FILED
Apr 22, 2004
Secretary of State

Entity Name: TOTAL CARE MEDICAL, INC.

Current Principal Place of Business:

1881-7A CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

301 NE MARION ST.
MADISON, FL 32340

New Mailing Address:

FEI Number: 01-0560035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, TURNER III
1101 PINECREST DR.
TALLAHASSEE, FL 32301 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: PD () Delete
Name: DAVIS, WILBURN T III
Address: 1101 PINECREST DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: ICKLER, JENNIFER D
Address: 5383 APPLIEDORE LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: THORNTON, MICHAEL P
Address: 270 THORNBERG DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD () Delete
Name: VICKERS, BOBBY M JR.
Address: 270 THORNBERG DR.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILBURN T DAVIS III

PD

04/22/2004

Electronic Signature of Signing Officer or Director

_____ Date