2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P01000104671

Entity Name: TOTAL CARE MEDICAL, INC.

Current Principal Place of Business:

1881-7A CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

1881-10A CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

Current Mailing Address:

301 NE MARION ST.
MADISON, FL 32340

New Mailing Address:

PO BOX 1029
MADISON, FL 32340

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
3544 SW OVERSTREET AVE
GREENVILLE, FL 32331 US

Name and Address of New Registered Agent:

DAVIS, WILBURN T III
3544 SW OVERSTREET AVE
GREENVILLE, FL 32331 US

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: WILBURN T DAVIS III 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVIS, WILBURN T III
Address: 3544 SW OVERSTREET AVE
City-St-Zip: GREENVILLE, FL 32331

Title: SD ( ) Delete
Name: ICKLER, JENNIFER D
Address: 5383 APPLEDORE 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 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: WILBURNT DAVIS III PD 04/28/2006
Electronic Signature of Signing Officer or Director Date