

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102341

**FILED**  
**Jun 13, 2005**  
**Secretary of State**

**Entity Name:** TOTAL HEALTH COMPLIANCE INC

**Current Principal Place of Business:**

7601 EAST TREASURE DRIVE  
APT-908  
NORTH BAY VILLAGE, FL 33341

**New Principal Place of Business:**

15656 SW 26 TH STREET  
MIRAMAR, FL 33027

**Current Mailing Address:**

7601 EAST TREASURE DRIVE  
APT-908  
NORTH BAY VILLAGE, FL 33341

**New Mailing Address:**

15656 SW 26TH STREET  
MIRAMAR, FL 33027

**FEI Number:** 20-1341230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANON, GARY  
7601 EAST TREASURY DRIVE  
APT 908  
NORTH BAY VILLAGE, FL 33141 US

**Name and Address of New Registered Agent:**

SANON, GARY  
15656 SW 26 TH STREET  
MIRAMAR, FL 33026 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: GARY SANON

06/13/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARY, SANON  
Address: 7601 EAST TREASURY DRIVE #908  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARY, SANON  
Address: 15656 SW 26 TH  
City-St-Zip: MIRAMAR, FL 33026

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: GARY SANON

P

06/13/2005

Electronic Signature of Signing Officer or Director

Date