

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122003

FILED
Feb 15, 2007
Secretary of State

Entity Name: TOTAL CARE THERAPY SPECIALISTS, INC.

Current Principal Place of Business:

5092 COCONUT CREEK PARKWAY
MARGATE, FL 33063

New Principal Place of Business:

7800 UNIVERSITY DRIVE
TAMARAC, FL 33321

Current Mailing Address:

8782 NW 76 DR
TAMARAC, FL 333212454

New Mailing Address:

7800 UNIVERSITY DRIVE
TAMARAC, FL 33321

FEI Number: 56-2477313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDLER, PAUL R
8782 NW 76 DR
TAMARAC, FL 333212454 US

Name and Address of New Registered Agent:

DIAMOND, LINDA C
401 BRINY AVENUE
615
POMPANO BEACH, FL 33062 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: LINDA C. DIAMOND

02/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANDLER, PAUL R
Address: 8782 NW 76 DR
City-St-Zip: TAMARAC, FL 333212454

Title: D () Delete
Name: TRAVIS, GUY A
Address: 7197 NW 80 WAY
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIAMOND, LINDA C
Address: 401 BRINY AVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: D (X) Change () Addition
Name: HOCHBERG, GARY M
Address: 5799 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

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: GARY M. HOCHBERG

D

02/15/2007

Electronic Signature of Signing Officer or Director

Date