2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000122003

Entity Name: TOTAL CARE THERAPY SPECIALISTS, INC.

FILED Oct 09, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7800 UNIVERSITY DRIVE STE. 103 TAMARAC, FL 33321

Current Mailing Address: 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: Name and Address of New Registered Agent:

DIAMOND, LINDA C
401 BRINY AVENUE
615
615
18
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18
18
18
18
18

POMPANO BEACH, FL 33062 US HIALEAH, FL 33016 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.

in the State of Florida.

SIGNATURE: ELYSABET MONTANEZ 10/09/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: DIAMOND, LINDA C Name: ESPINOSA, ORISBEL

Address: 401 BRINY AVE Address: 7800 N. UNIVERSITY DR
City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete Title: () Change () Addition

 Name:
 HOCHBERG, GARY M
 Name:

 Address:
 5799 ORANGE DRIVE
 Address:

 City-St-Zip:
 DAVIE, FL 33314
 City-St-Zip:

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: ORISBEL ESPINOSA D 10/09/2008