

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000917

Entity Name: TOTAL EMEDICAL, INC

FILED
Mar 01, 2005
Secretary of State

Current Principal Place of Business:

7989 CHULA VISTA CR
BOCA RATON, FL 33433

New Principal Place of Business:

125 NW 13TH ST
B1
BOCA RATON, FL 33432

Current Mailing Address:

7989 CHULA VISTA CR
BOCA RATON, FL 33433

New Mailing Address:

125 NW 13TH ST
B1
BOCA RATON, FL 33432

FEI Number: 20-2071037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OHAYON, GABRIEL
7989 CHULA VISTA CR
BOCA RATON, FL 33433 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: P () Delete
Name: OHAYON, GABRIEL
Address: 7989 CHULA VISTA CR
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: RUDNICK, HOWARD J
Address: 7950 TENNYSON CT
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GABRIEL OHAYON

PR

03/01/2005

Electronic Signature of Signing Officer or Director

Date