

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116895

FILED
Apr 28, 2006
Secretary of State

Entity Name: TOTAL HEALTHCARE RESOURCES, INC.

Current Principal Place of Business:

7737 N UNIVERSITY DRIVE STE 202
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7737 N UNIVERSITY DRIVE STE 202
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-3356269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANIAR, NALINI
2306 NW 96 WAY
CORAL SPRINGS, FL 33065 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: MANIAR, NALINI
Address: 2306 NW 96 WAYITY DRIVE STE 202
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANIAR, NALINI
Address: 2306 NW 96 WAY
City-St-Zip: CORAL SPRINGS, FL 33065

Title: COO () Change (X) Addition
Name: MACHADO, CHRISTINA
Address: 9145 SW 100 AVE ROAD
City-St-Zip: MIAMI, FL 33176

Title: CFO () Change (X) Addition
Name: MANIAR, RAJU
Address: 2306 NW 96 WAY
City-St-Zip: CORAL SPRINGS, FL 33065

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: NALINI MANIAR

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date