

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116895

FILED  
Mar 27, 2007  
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 WAY  
City-St-Zip: CORAL SPRINGS, FL 33065

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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

03/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date