## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000009406

Entity Name: TOTAL EMS, INC.

City-St-Zip:

HOLLYWOOD, FL 33020

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2805 E OAKLAND PARK BLVD #365 FT LAUDERDALE, FL 33306				5100 N. OCEAN BOULEVARD SUITE 518 FT LAUDERDALE, FL 33308		
Current Mailing Address:				New Mailing Address:		
2805 E OAKLAND PARK BLVD #365 FT LAUDERDALE, FL 33306				5100 N. OCEAN BOULEVARD SUITE 518 FT LAUDERDALE, FL 33308		
FEI Number:	: 75-3214321	FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
2500 HOLI SUITE 209	K, TRACY B E LYWOOD BOU DOD, FL 3302	JLEVARD				
	named entity e of Florida.	submits this statement for the p	ourpose o	of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent					Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	EL SANADI, LO 5100 N. OCEA	) Delete DRI A N BOULEVARD, SUITE 518 RDALE, FL 33308		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EL SANADI, NA 5100 N. OCEA	) Delete ABIL N BOULEVARD, SUITE 518 RDALE, FL 33308		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	NEWMARK, TR	) Delete RACY B ESQUIRE OOD BOULEVARD, SUITE 209		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: LORI EL SANADI P/D 04/30/2008