2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007
Secretary of State

DOCUMENT# P06000132663

Entity Name: TOTAL HEALTH COMPLIANCE GROUP, INC.

Current Principal Place of Business:

152 NE 167TH STREET
102
NORTH MIAMI BEACH, F: 33167

New Principal Place of Business:

152 NE 167TH STREET
102
NORTH MIAMI BEACH, FL 33167

Current Mailing Address:

4987 NORTH UNIVERSITY DRIVE
SUITE 18A
LAUDERHILL, FL 33351

New Mailing Address:

152 NE 167TH STREET
SUITE 102
NORTH MIAMI BEACH, FL 33167

FEI Number: 74-3191941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHYSICIAN DATA MANAGEMENT, INC.
4987 NORTH UNIVERSITY DRIVE
SUITE 18A
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

SANON, GARY S
152 NE 167TH STREET
STE 102
NORTH MIAMI BEACH, FL 33167 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.

SIGNATURE: GARY SANON 06/04/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLEMAN, LUCIOUS JR,
Address: 4987 NORTH UNIVERSITY DRIVE SUITE 18A
City-St-Zip: LAUDERHILL, FL 33351

Title: D (X) Delete
Name: SANON, GARY S
Address: 152 NE 167TH STREET SUITE 102
City-St-Zip: NORTH MIAMI BEACH, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SANON, GARY S
Address: 152 NE 167TH STREET
City-St-Zip: N MIAMI BEACH, FL 33167

Title: ( ) Change ( ) Addition
Name:
Address:
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: GARY S SANON P 06/04/2007
Electronic Signature of Signing Officer or Director Date