2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 24, 2009
Secretary of State

DOCUMENT# P06000132663

Entity Name: TOTAL HEALTH COMPLIANCE GROUP, INC.

Current Principal Place of Business:

152 NE 167 STREET
SUITE 102
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

18802 SW 55 STREET
MIRAMAR, FL 33029

New Mailing Address:

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

Name and Address of Current Registered Agent:

SANON, SONY G
152 NE 167 STREET
STE 102
NORTH MIAMI BEACH, FL 33162 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SANON, SONY G
Address: 152 NE 167 STREET, SUITE 102
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D ( ) Delete
Name: SANON, MARIE H
Address: 152 NE 167 STREET, SUITE 102
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: LAVENTURE, RENELIEN, MD
Address: 152 NE 167 STREET, SUITE 102
City-St-Zip: N MIAMI BEACH, FL 33162

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 SANON D 05/24/2009

Electronic Signature of Signing Officer or Director — Date