

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000132663

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

**Title:** D  
**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 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 all other like empowered.

**SIGNATURE:** SONY SANON

D

02/18/2010

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

\_\_\_\_\_  
Date