

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143528

FILED
Feb 15, 2007
Secretary of State

Entity Name: TOTAL HEALTH SERVICES OF THE PALM BEACHES, INC.

Current Principal Place of Business:

5092 COCONUT CREEK PKWY
MARGATE, FL 33063

New Principal Place of Business:

721 FEDERAL HIGHWAY
NORTH PALM BEACH, FL 33418

Current Mailing Address:

5092 COCONUT CREEK PKWY
MARGATE, FL 33063

New Mailing Address:

136 COVENTRY LANE
PALM BEACH GARDENS, FL 33418

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SKOP, MICHEAL W
12865 WEST DIXIE HWY
NORTH MIAMI, FL 33161 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: RUBENSTIEN, ARTHUR
Address: 401 BRINY AVE #615
City-St-Zip: PALM BEACH, FL 33062

Title: V () Delete
Name: ARANA, ALBERT
Address: PO BOX 25085
City-St-Zip: FORT LAUDERALE, FL 33320

Title: VS (X) Delete
Name: BAGDAN, LAWRENCE
Address: 136 COVENTRY PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIAMOND, LINDA C
Address: 401 BRINY AVE #615
City-St-Zip: PALM BEACH, FL 33062

Title: D (X) Change () Addition
Name: HOCHBERG, GARY M
Address: 5799 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

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: GARY M. HOCHBERG

D

02/15/2007

Electronic Signature of Signing Officer or Director

Date