

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078076

FILED
Jul 08, 2008
Secretary of State

Entity Name: TOTAL CARE ADULT MEDICINE, P.A.

Current Principal Place of Business:

410 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

5311 PLANTATION HOME WAY
PORT ORANGE, FL 32128 US

New Mailing Address:

410 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 26-0464857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUYEN, THERESA
5311 PLANTATION HOME WAY
PORT ORANGE, FL 32128 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

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: PVST () Delete
Name: HUYEN, THERESA
Address: 5311 PLANTATION HOME WAY
City-St-Zip: PORT ORANGE, FL 32128 US

Title: D () Delete
Name: HUYEN, THERESA
Address: 5311 PLANTATION HOME WAY
City-St-Zip: PORT ORANGE, FL 32128 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THERESA HUYEN

MD

07/08/2008

Electronic Signature of Signing Officer or Director

Date