

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078076

FILED  
Jan 11, 2010  
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:**

410 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

**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:**

HUYEN, THERESA  
611 MARISOL DR  
NEW SMYRNA BEACH, FL 32168 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:

01/11/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: HUYEN, THERESA  
Address: 611 MARISOL DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D  
Name: HUYEN, THERESA  
Address: 611 MARISOL DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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: THERESA N HUYEN

MD

01/11/2010

Electronic Signature of Signing Officer or Director

Date