

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000054428

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** TOTAL FAMILY HEALTH CARE CENTER, INC.

**Current Principal Place of Business:**

16605 NW 10TH STREET  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

1000 N HIATUS RD  
161  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

16605 NW 10TH STREET  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

1000 N HIATUS RD  
161  
PEMBROKE PINES, FL 33026

**FEI Number:** 26-2735400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLESPIE JOHNSON, MARJORIE  
16605 NW 10TH STREET  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

GILLESPIE JOHNSON, MARJORIE  
1000 N HIATUS RD  
161  
PEMBROKE PINES, FL 33026 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:** MARJORIE GILLESPIE-JOHNSON

01/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GILLESPIE JOHNSON, MARJORIE  
**Address:** 1000 N HIATUS RD, ST 161  
**City-St-Zip:** PEMBROKE PINES, FL 33026

**Title:** S  
**Name:** BERNARD, KADIAN  
**Address:** 1000 N HIATUS RD #161  
**City-St-Zip:** PEMBROKE PINES, FL 33026

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:** MARJORIE GILLESPIE JOHNSON

CEO

01/23/2012

Electronic Signature of Signing Officer or Director

Date