

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000068107

FILED  
Jan 26, 2010  
Secretary of State

**Entity Name:** THCS, THE TELE HOME CARE SOLUTION COMPANY

**Current Principal Place of Business:**

1380 NE MIAMI GARDENS DR., SUITE 205  
N. MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1380 NE MIAMI GARDENS DR., SUITE 205  
N. MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 26-3537380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RENIER CRUZ, P.A.  
300 SEVILLA AVENUE - SUITE 301  
CORAL GABLES, FL 33134 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:** PD  
**Name:** WALTERS, GARY  
**Address:** 1380 NE MIAMI GARDENS DR., SUITE 205  
**City-St-Zip:** N. MIAMI BEACH, FL 33179

**Title:** VD  
**Name:** WEISS, CHARLES  
**Address:** 1000 ISLAND BLVD.  
**City-St-Zip:** AVENTURA, FL 33160

**Title:** SD  
**Name:** CRUZ, RENIER  
**Address:** 300 SEVILLA AVENUE, SUITE 301  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** TD  
**Name:** HOLD, DAVID  
**Address:** 3900 ISLAND BLVD., #103B  
**City-St-Zip:** AVENTURA, FL 33160

**Title:** D  
**Name:** SOLLECITO, JOE  
**Address:** 1380 NE MIAMI GARDENS DR., SUITE 205  
**City-St-Zip:** N. MIAMI BEACH, FL 33179

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:** GARY WALTERS

PD

01/26/2010

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

\_\_\_\_\_  
Date