

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000092719

Entity Name: TOTAL LIFECARE CONSULTING, INC.

FILED
Oct 09, 2009
Secretary of State

Current Principal Place of Business:

2518 - 2ND STREET WEST
TIERRA VERDE, FL 33715

New Principal Place of Business:

218 - 2ND STREET WEST
TIERRA VERDE, FL 33715

Current Mailing Address:

2518 - 2ND STREET WEST
TIERRA VERDE, FL 33715

New Mailing Address:

218 - 2ND STREET WEST
TIERRA VERDE, FL 33715

FEI Number: 26-3652653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAPSON, PATRICIA
218 - 2ND STREET WEST
TIERRA VERDE, FL 33715 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: PATRICIA RAPSON

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: DPVS () Delete
Name: RAPSON, PATRICIA
Address: 2518 - 2ND STREET WEST
City-St-Zip: TIERRA VERDE, FL 33715

Title: T () Delete
Name: RAPSON, PATRICIA
Address: 2518 - 2ND STREET WEST
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: RAPSON, PATRICIA
Address: 218 - 2ND STREET WEST
City-St-Zip: TIERRA VERDE, FL 33715

Title: V (X) Change () Addition
Name: RAPSON, MARK
Address: 218 - 2ND STREET WEST
City-St-Zip: TIERRA VERDE, FL 33715

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: PATRICIA RAPSON

Electronic Signature of Signing Officer or Director

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10/09/2009

Date