

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000092719

**FILED**  
**Nov 09, 2012**  
**Secretary of State**

**Entity Name:** TOTAL LIFECARE CONSULTING, INC.

**Current Principal Place of Business:**

218 - 2ND STREET WEST  
TIERRA VERDE, FL 33715

**New Principal Place of Business:**

21227 CALLE ROSA DRIVE  
LAND O LAKES, FL 34637 US

**Current Mailing Address:**

218 - 2ND STREET WEST  
TIERRA VERDE, FL 33715

**New Mailing Address:**

23110 STATE ROAD 54, #321  
LUTZ, FL 33549 US

**FEI Number:** 26-3652653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

RAPSON, PATRICIA  
21227 CALLE ROSA DR  
LAND O LAKES, FL 34637 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: PATRICIA RAPSON

11/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: RAPSON, PATRICIA  
Address: 21227 CALLE ROSA DR  
City-St-Zip: LAND O LAKES, FL 34637 US

Title: V  
Name: RAPSON, MARK  
Address: 21227 CALLE ROSA DR  
City-St-Zip: LAND O LAKES, FL 34637 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: PATRICIA RAPSON

DPST

11/09/2012

Electronic Signature of Signing Officer or Director

Date