

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000027399

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** TOTAL CARE DISTRIBUTION CORPORATION

**Current Principal Place of Business:**

8401 SW 124TH AVENUE  
106  
MIAMI, FL 33183 US

**New Principal Place of Business:**

**Current Mailing Address:**

8401 SW 124TH AVENUE  
106  
MIAMI, FL 33183 US

**New Mailing Address:**

**FEI Number:** 45-0894851      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SEUNARINE, MITRA  
8401 SW 124TH AVENUE  
106  
MIAMI, FL 33183 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAMSAROOP, AVA S  
Address: 8401 SW 124TH AVENUE SUITE 106  
City-St-Zip: MIAMI, FL 33183 US

Title: VP  
Name: SEUNARINE, MITRA  
Address: 8401 SW 124TH AVENUE SUITE 106  
City-St-Zip: MIAMI, FL 33183 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: MITRA SEUNARINE

VP

01/11/2012

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

\_\_\_\_\_  
Date