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FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010651 (6)

1. Corporation Name
TOTAL LEGAL CARE, INC.

Principal Place of Business

3215 S US 1
SUITE B
FT. PIERCE FL 34982
US

Mailing Address

3215 S US 1
SUITE B
FT. PIERCE FL 34982-6379
US



3. Date Incorporated or Qualified
02/04/1993

3a. Date of Last Report
01/23/1996

4. FEI Number

65-0383500

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 2400 SE Midport Rd

Suite, Apt. #, etc.

22 208

City & State

23 Port St Lucie, FL

Zip

24 34952

Country

25 St Lucie

2a. Mailing Address

26 2400 SE Midport Rd

Suite, Apt. #, etc.

27 208

City & State

28 Port St Lucie, FL

Zip

29 34952

Country

30 St Lucie

9. Name and Address of Current Registered Agent

MOORE, ALBERT B
209 ORANGE AVENUE
SUITE 208
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Albert B. Moore Vice Pres.

1/21/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, ALBERT
209 ORANGE AVENUE
FT. PIERCE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRUHN, JOHN
209 ORANGE AVENUE
FT. PIERCE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Albert B. Moore, Vice Pres.

Date

Daytime Phone #

1/21/97 (561) 398-1550

CR2E034 (9/96)