2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004
Secretary of State

DOCUMENT# P93000010651

Entity Name: TOTAL LEGAL CARE, INC.

Current Principal Place of Business:

1109 DELAWARE AVE
FORT PIERCE, FL 34950 US

New Principal Place of Business:

122 CITRUS PARK CIRCLE
BOYNTON BEACH, FL 33436 US

Current Mailing Address:

1109 DELAWARE AVE
FORT PIERCE, FL 34950 US

New Mailing Address:

122 CITRUS PARK CIRCLE
BOYNTON BEACH, FL 33436 US

FEI Number: 65-0383500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMOSTHENES, BARNABAS
166 HASTINGS ST.
BOCA RATON, FL 33487 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: D ( ) Delete
Name: DEMOSTHENES, LINDA
Address: 166 HASTINGS ST.
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA DEMOSTHENES PRES 02/16/2004

Electronic Signature of Signing Officer or Director Date