

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000010651

**Entity Name:** TOTAL LEGAL CARE, INC.

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

122 CITRUS PARK CIRCLE  
BOYNTON BEACH, FL 33436 US

**New Principal Place of Business:**

**Current Mailing Address:**

122 CITRUS PARK CIRCLE  
BOYNTON BEACH, FL 33436 US

**New Mailing Address:**

**FEI Number:** 33-1077101

**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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DEMOSTHENES, LINDA L PRESIDE  
**Address:** 166 HASTINGS ST.  
**City-St-Zip:** BOCA RATON, FL 33487

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:** LINDA DEMOSTHENES

PRES

02/12/2012

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

\_\_\_\_\_  
Date