

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90223 049 ***150.00

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1. Entity Name
TOTAL HEALTH CARE OF THE PALM BEACHES, INC.



Principal Place of Business
5601 N FEDERAL HIGHWAY
SUITE 4
BOCA RATON, FL 33487

Mailing Address
5601 N FEDERAL HIGHWAY
SUITE 4
BOCA RATON, FL 33487

40081840



04222006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0470219

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLTESZ, CARRIE L
5601 N FEDERAL HIGHWAY
SUITE 4
BOCA RATON, FL 33487

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOLTESZ, CARRIE L
STREET ADDRESS	665 ENFIELD STREET, B-4
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone