

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 MAY -1 AM 9:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000034702 (8)**

1. Corporation Name

**TOTALCARE, INC.**

Principal Place of Business

Mailing Address

**C/O JOSEPH L. CRUNCHO, ESQ.  
1401 BRICKELL AVENUE, SUITE 700  
MIAMI, FL 33131**

**C/O JOSEPH L. CRUNCHO, ESQ.  
1401 BRICKELL AVENUE, SUITE 700  
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

**05/04/1994**

4. FEI Number

Applied For

**65-0497693**

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 § 199.032,  
Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 **2600 Douglas Rd**

26 **2600 Douglas Rd**

State, Apt. #, etc

State, Apt. #, etc

22 **501**

27 **501**

City & State

City & State

23 **Coral Gables, FL**

28 **Coral Gables, FL**

Zip

Country

Zip

Country

24 **33134**

25

29 **33134**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRUNCHO, JOSEPH L. ESQ.  
1401 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL 33131**

81 Name

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

83 **501**

84 **Coral Gables**

**FL**

85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Fred S. Mann*

NOTE: Registered Agent signature required when maintaining.

DATE

**4/7/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

**P/D  
Fred S. Mann, M.D.  
1313 S.W. 27th Avenue  
Miami, FL 33145**

**S/D  
Adolfina Shirko  
1313 S.W. 27th Avenue  
Miami, FL 33145**

**# DEBITED BY BANK**

14. This hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 applicable, or on an attachment with an address.

SIGNATURE:

*Fred S. Mann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/95 3058582228**  
*[Signature]*