

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047610

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: TOTAL FAMILY CARE CENTER, INC.

## Current Principal Place of Business:

7650 W FLAGLER ST  
MIAMI, FL 33144

## New Principal Place of Business:

38 NW 8 ST  
HOMESTEAD, FL 33030

## Current Mailing Address:

387 S HOIMESTEAD BLVD  
HOMESTEAD, FL 33030

## New Mailing Address:

38 NW 8 ST  
HOMESTEAD, FL 33030

FEI Number: 65-0500509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, THOMAS  
387 S. HOMESTEAD BLVD.  
HOMESTEAD, FL 33030 US

## Name and Address of New Registered Agent:

GONZALEZ, THOMAS  
38 NW 8 ST  
HOMESTEAD, FL 33030 US

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: TOMAS GONZALEZ

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GONZALEZ TOMAS,  
Address: 387 S. HOMESTEAD BLVD.  
City-St-Zip: HOMESTEAD, FL 33030

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GONZALEZ TOMAS,  
Address: 38 NW 8 ST  
City-St-Zip: HOMESTEAD, FL 33030

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: TOMAS GONZALEZ

PD

01/11/2005

Electronic Signature of Signing Officer or Director

Date