


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2. **Mar 05, 2007 8:00 am**
Secretary of State

02-14-2007 90061 018 ***150.00

DOCUMENT # P94000061025 1. Entity Name TOTAL THERAPEUTIC CONCEPTS, INC.	
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Principal Place of Business 10211 HUNT CLUB LANE PALM BEACH GARDENS, FL 33418 US	Mailing Address 10211 HUNT CLUB LANE PALM BEACH GARDENS, FL 33418 US
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02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0510589	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BEBAWAY, NASSER
10211 HUNT CLUB LANE
PALM BEACH GARDENS, FL 33418

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$650.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BEBAWAY, NASSER 10211 HUNT CLUB LANE PALM BEACH GARDENS, FL 33418
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MICAIL, EVETTE 10211 HUNT CLUB LANE PALM BEACH GARDENS, FL 33418
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

3/2/07 (561)644-5499
Date Debit Phone #