SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -7 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000069505 (3)

1. Corporation Name

TOTAL HEALTHCARE INC.

Principal Place of Business
20037 NW 65TH CT
MIAMI FL 33015

Mailing Address
20037 NW 65TH CT
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1515 NW 167 ST.	26 1515 NW 167 ST.
Suite, Apt. #, etc. 22 226	Suite, Apt. #, etc. 27 226
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33169 Country 25 U.S.A.	Zip 29 33169 Country 30 U.S.A

4. FEI Number 65-0545348 ☐ Applied For ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, ODETTE
2351 NW 150TH ST
MIAMI FL 33054

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ANDERSON, ODETTE
STREET ADDRESS	20037 NW 65TH CT
CITY ST ZIP	MIAMI FL 33015
TITLE	DV
NAME	CREARY, PATRICK
STREET ADDRESS	20037 NW 65TH CT
CITY ST ZIP	MIAMI FL 33015
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: [signature] Odette Anderson 8/2/95 (305)620-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020870 CP