

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000069505 (3)

1. Corporation Name

TOTAL HEALTHCARE INC.



Principal Place of Business

Mailing Address

1515 NW 167TH ST
STE 226
MIAMI FL 33169
US

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STE 226
MIAMI FL 33169
US

3. Date Incorporated or Qualified
09/21/1994

3a. Date of Last Report
08/07/1995

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

Anderson, Odetta

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

20037 NW 65th

83

84 City

Miami

FL

85

Zip Code

33015

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

Signature required for principal officer, registered agent and third filer, if applicable.

(Third) Registered Agent Signature required when none of above.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
ANDERSON, ODETTE
20037 NW 65TH CT
MIAMI FL 33015

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
CREARY, PATRICK
20037 NW 65TH CT
MIAMI FL 33015

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Signature]

Odetta Anderson

6/18/96 (305) 620-7007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)