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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000054934 (1) **DOCUMENT #**

TOTAL THERAPEUTIC MANAGEMENT, INC.

Principal Place of Business

Mailing Address



16057 TAMPA PALMS BLVD. WEST STE 351 TAMPA FL 33647	16057 TAMPA PALMS B TAMPA FL 33647	LVD. WEST STE 351		
			Date Incorporated or Qualified 07/13/1995	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 15310 Ambely Dr. Sule 1	15 26 15310 Ar	nberly Drive	59-3321091	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	175	5. Gertificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Tampa , F1	City & State	FI	6 Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip Country	Zip	Country	8. This corporation has liability for i	
24 336 47 25 Hillsborons		30 Hillsbornagh	Florida Statutes Yes	
9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
PATEL, BHARAT B 16057 TAMPA PALMS BLVD. WEST STE 351		82 Street Address (P.O. Box Number is Not Acceptable) 15310 Amberly Drive 83		
TAMPA FL 33647	83 Suite	e 175		
		84 City	=	85 Zip Code
		Tam		FL 33647
11. Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flor	2 and 607.1508, Florida Statuti ida. Such change was authoriz	es, the above hamed corpored by the corporation's boar	ation submits this statement for the pured of directors. I hereby accept the app	pose of changing its registered office i pintment as registered agent. I am
familiar with, and accept the obligations of, Sec	tion 607.0505, Florida Statutes			
SIGNATURE BHATCA B. PAPET	1	Rest Karlet	44	enter
Signal ize i typerf or purited name of registered age		Tel Ricg shelo t Agent signar ne require.	We middle	DATE
	ND DIRECTORS	13.	ADDITIONS/CHANGES 10 OFF	Change Addition
Bharat B. Pate	0 - Founde (1 TITLE		
. The Archaely C	or she 175	1.2 NAME		
	2 () =	13 STREET ADDRESS		
	3647	14 CITY - ST - ZIP		Change Addition
THE Heriberto N. Pe		2 1 TiTuE		Change C Addition
NAME Chaiman + Co- STREET ADDRESS IS 210 Amberly	Dr. Ste 175	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP Tampa, F. 3.	3647	2 4 CITY - ST - ZIP		C Charge C Additor
TITLE	DELETE	3 1 TIFLE		Change Maddition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY · ST · ZIP	ED DOLETE	3.4 CITY - ST - ZIP		Change Addition
TITLE	☐ DELFTE	4 1 TBLE		El charige El Mag tion
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	€ Direction	4.4.C(TY+ST+7)F		Change Addition
TITLE	DELETE	5 1 TITLE	30000180	
NAME		5.2 NAME	-06/18/9601	27202 311038
STREET ADDRESS		5.3 STREET ADDRESS	***200.00	311 MOO
CiTY-ST-ZiP	C) burr	5.4 CI*Y - ST - 7IP	***£UU. UU	Chance Mairion
TITLE	☐ DELETE	6 1 TITLE		リップコンのわ
NAME		62 NAME		
STREET ADDRESS		6.3 STHEEL ADDRESS		J142
CITY - ST - ZIP		6 4 CITY - ST - ZIP		67.000 61 11 64 11 14 4

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 coath; 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. (SIS)

SIGNATURE:

BHARAT B. PATEL 4/29/96