2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# P95000094358

Entity Name: TOTAL CARE THERAPEUTICS, INC.

Current Principal Place of Business:

4839 SW 29TH TERRACE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

4839 SW 29TH TERRACE
FORT LAUDERDALE, FL 33312

New Mailing Address:

4839 SW 29TH TERRACE
FT. LAUDERDALE, FL 33312

FEI Number: 65-0623767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUNN, GREG
4839 SW 29TH TERRACE
FORT LAUDERDALE, FL 33312

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NUNN, GREG
Address: 4839 SW 29TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NUNN, GREG
Address: 4839 SW 29TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

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: GREG NUNN PD 04/22/2004

Electronic Signature of Signing Officer or Director — Date