

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094604

FILED
Feb 06, 2007
Secretary of State

Entity Name: TOTAL CARE HEALTH CENTER, INC.

Current Principal Place of Business:

8492 SW 8TH CT.
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

8492 SW 8TH ST.
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 65-0714821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EXPOSITO, AMARO DC
8492 SW 8TH ST
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

ALONSO, NANCY
8492 SW 8TH ST
MIAMI, FL 33144 US

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: NANCY ALONSO

02/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EXPOSITO, AMARO DC
Address: 8498 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33144

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ALONSO, NANCY
Address: 8498 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33144

Title: DS () Change (X) Addition
Name: DE LA TERGA, CESAR
Address: 8498 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NANCY ALONSO

DPT

02/06/2007

Electronic Signature of Signing Officer or Director

Date