2004 FOR PROFIT CORPORATION

Apr 21, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P97000008124 TOTAL HOME CARE SPECIALISTS, INC. Principal Place of Business Mailing Address 340 NOTTINGHAM BLVD 340 NOTTINGHAM BLVD W PALM BEACH, FL 33405 W PALM BEACH, FL 33405 US 01202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0722061 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCANENEY, JOHN DO NOT WRITE 340 NOTTINGHAM BLVD W PALM BEACH, FL 33405 IN THIS SPACE 5. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. D TITLE MCANENEY, JOHN NAME STREET ADDRESS 340 NOTTINGHAM BLVD W PALM BEACH, FL 33405 CHY-SI-ZIP THEE NAME STREET ADDRESS CATY - ST - ZIP THRE STREET ADDRESS DO NOT WRITE CITY-S7-ZIP IN THIS SPACE TITLE MARKE STREET ADDRESS CITY -ST-ZIP NAME STREET ADDRESS

not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information frate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director rule this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if a empowered. 12. I hereby certify that the information supplied with this filling doe indicated on this report or supplemental report is true and according to the corporation or the receiver or trustee empowered to explore changed, or on an attachment with an address, with all other like.

SIGNATURE:

CITY ST-ZIP 3131.E NAME SESSOUR FESSION

OR DIRECTOR

FILED