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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000022701 (1)

1. Corporation Name

TOTAL HEALTH SOLUTIONS CORP.

Principal Place of Business

Mailing Address

3900 COUNTY LINE ROAD #18-C
TEQUESTA FL 33468

3900 COUNTY LINE ROAD #18-C
TEQUESTA FL 33468

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

65-0758522

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2306 FAIRWAY DR. S.

26 2306 FAIRWAY DR. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 JUPITER, FL.

28 JUPITER, FL.

24 33477 25 Country

29 33477 30 Country

9. Name and Address of Current Registered Agent

FOCKLER, ROSS A
3900 COUNTY LINE ROAD #18-C
TEQUESTA FL 33468

10. Name and Address of New Registered Agent

81 Name

ROSS FOCKLER

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

2306 FAIRWAY DR. S.

84 City

JUPITER

FL

85 Zip Code

33477

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 typed or printed (Name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS FOCKLER, ROSS A
CITY-ST-ZIP 3900 COUNTY LINE ROAD #18-C
TEQUESTA FL 33468

TITLE ☐ DELETE

NAME D
STREET ADDRESS FOCKLER, GRACE I
CITY-ST-ZIP 3900 COUNTY LINE ROAD #18-C
TEQUESTA FL 33468

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 2306 FAIRWAY DR. S.
14 CITY-ST-ZIP JUPITER FL. 33477

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 2306 FAIRWAY DR. S.
24 CITY-ST-ZIP JUPITER FL. 33477

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Ross Fockler

4-23-98 (561) 5756983

CR2E034 (10/97)