

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078369

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: PREMIER TOTAL HEALTHCARE, INC.

## Current Principal Place of Business:

1250 E HALLANDALE BEACH BLVD  
SUITE 209  
HALLANDALE, FL 33009

## New Principal Place of Business:

1250 E HALLANDALE BEACH BLVD  
2ND. FLOOR  
HALLANDALE, FL 33009

## Current Mailing Address:

1250 E HALLANDALE BEACH BLVD  
SUITE 209  
HALLANDALE, FL 33009

## New Mailing Address:

1250 E HALLANDALE BEACH BLVD  
2ND FLOOR  
HALLANDALE, FL 33009

FEI Number: 65-0903660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DICARLO, CHRISTOPHER  
1250 E HOLLANDALE BCH BLVD  
2ND FLOOR  
HALLANDALE, FL 33009 US

## 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: DV ( ) Delete  
Name: DICARLO, ROSSANA  
Address: 1250 E HALLANDALE BEACH BLVD SUITE 209  
City-St-Zip: HALLANDALE, FL 33009

Title: DP ( ) Delete  
Name: DICARLO, CHRISTOPHER  
Address: 1250 E HALLANDALE BEACH BLVD, 2ND FLOOR  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER DICARLO

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date