FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000102326 (0)

FILED May 01 1998 8:00am Secretary of State

TOTAL CARE HEALTH AND WELLNESS CENTERS, INC.					
				1884/1881 1881 1881 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884	44 (1) (1 41) 411 411 411 111 111
Principal Plac	e of Business	Mailing Address			
,					
4841 VOLUNTEER ROAD DAVIE FL 33330 DAVIE FL 33330				DO NOT WRITE IN TH	112 20ACE
				3. Date Incorporated or Qualified	IIS SPACE
				12/04/1997	
2. Principal P	Tace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		65-0821057	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 25 9. Name and Address of Curr		30	Personal Property Tax due June 30.	Yes No
		ent registered Agent	81 Name	10. Name and Address of New Registers	od Agent
	HEFA, CYNTHIA		I Name		
4841 VOLUNTEER ROAD DAVIE FL 33330			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
UA	WE FL 33330		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.00	502 and 607 1508 Florida Statute	t the above named corn	pration submite this statement for the surpose	of changing the registered
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.					
	m lamiliar with, and accept the obl	igations of, Section 607.0505, Flor	ida Statutes.	+ ; ***	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating) DATE	:
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHIEFA, DAVID R		1.2 NAME		
STREET ADDRESS	4841 VOLUNTEER ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33330		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		
NAME		L. J DECENE	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME		
ľ			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		—	6.2 NAME		C charge C receipt
STREET ADDRESS			63 STREET ADDRESS		
City-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied	with this filing does not qualify for		Cootian 110 07/2V/) Florida Ctatutas 14 wths	

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.

CICNATUDE.

4-24-98 954-434-5m