


FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90049 037 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000059161

1. Corporation Name
TOTAL CARE MEDICAL SERVICE, INC.



| | |
|---|---|
| Principal Place of Business P.O. BOX 56590 JACKSONVILLE FL 32241-6590 | Mailing Address P.O. BOX 56590 JACKSONVILLE FL 32241-6590 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-------------------------|--|---|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address P.O. Box 24668 | 3. Date Incorporated or Qualified 06/29/1998 | 4. FEI Number 59-3522480 | Applied For <input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 27. City & State Jacksonville, FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 22. City & State | 23. City & State | 24. Zip 32241-4668 | 25. Country USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip 32241-4668 | 30. Country USA | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

MONTELONGO, LEONEL E
5589 RIBBON ROSE DR.
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81. Name
MEREDITH ALLEN FERNANDEZ

82. Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 24668

83. **3617 Crown Pt Rd #4** **32257**

84. City **Jacksonville** FL **32241-4668**

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 *Meredith Allen Fernandez* DATE **3/23/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MONTELONGO, LEONEL E | | 1.2 NAME | |
| STREET ADDRESS 5589 RIBBON ROSE DR. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP JACKSONVILLE FL 32258 | | 1.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MONTELONGO, MARIA T | | 2.2 NAME | |
| STREET ADDRESS 5589 RIBBON ROSE DR. | | 2.3 STREET ADDRESS P.O. Box 24668 | |
| CITY-ST-ZIP JACKSONVILLE FL 32258 | | 2.4 CITY-ST-ZIP Jacksonville, FL 32241-4668 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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, with all other like empowered.

SIGNATURE: *Maria T. Montelongo* DATE: **4/9/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA T. MONTELONGO

(904)
288-8999

CR2E034 (1/98)