

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90142 029 ***150.00

0200011

DOCUMENT # P98000059161

1. Entity Name
TOTAL CARE MEDICAL SERVICE, INC.

Principal Place of Business Mailing Address
P.O. BOX 56590 P.O. BOX 24668
JACKSONVILLE FL 32241-6590 JACKSONVILLE FL 32241-4668

C0042072



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3522480** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, MEREDITH A
3617 CROWN PT RD #4
JACKSONVILLE FL 32257

Name
 Street Address (P.O. Box Number is Not Accepted) **3617 CROWN PT. RD.**
1
 City **Jacksonville** FL Zip **32257**

8. 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 *Meredith Hernandez* DATE **2/7/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am a 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria T Montelongo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/01
 Date

288-8999
 Daytime Phone #

CR2E034 (10/00)