

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059161

FILED
Apr 28, 2005
Secretary of State

Entity Name: TOTAL CARE MEDICAL SERVICE, INC.

Current Principal Place of Business:

P.O. BOX 56590
JACKSONVILLE, FL 322416590

New Principal Place of Business:

Current Mailing Address:

P.O BOX 24668
JACKSONVILLE, FL 322414668

New Mailing Address:

FEI Number: 59-3522480 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HERNANDEZ, MEREDITH A
3617 CROWN PT RD
SUITE #2
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

GREEN, KEVIN S
3617 CROWN PT RD
SUITE #2
JACKSONVILLE, FL 32257 US

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: KEVIN GREEN

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONTELONGO, MARIA T
Address: P.O. BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MONTELONGO, MARIA T
Address: P.O. BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIA MONTELONGO

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04/28/2005

Electronic Signature of Signing Officer or Director

Date