

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059161

FILED
Apr 24, 2008
Secretary of State

Entity Name: TOTAL CARE MEDICAL SERVICE, INC.

Current Principal Place of Business:

3617-2 CROWN PT RD
JACKSONVILLE, FL 32257

New Principal Place of Business:

8727 PHILIPS HWY. # 410
JACKSONVILLE, FL 32256

Current Mailing Address:

P.O BOX 24668
JACKSONVILLE, FL 322414668

New Mailing Address:

P.O BOX 57838
JACKSONVILLE, FL 32241

FEI Number: 59-3522480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M A HERNANDEZ TAX INC
3617 CROWN PT RD
SUITE #2
JACKSONVILLE, FL 32257 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: DP () 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 57838
City-St-Zip: JACKSONVILLE, FL 32241

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: MARIA T. MONTELONGO

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04/24/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date