

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059161

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** TOTAL CARE MEDICAL SERVICE, INC.

**Current Principal Place of Business:**

8727 PHILIPS HWY. # 410  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 57838  
JACKSONVILLE, FL 32241

**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:**

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MONTELONGO, MARIA T  
Address: P.O. BOX 57838  
City-St-Zip: JACKSONVILLE, FL 32241

I hereby 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 all other like empowered.

SIGNATURE: LEONEL MONTELONGO

PRES

01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date