2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

DOCUMENT# P98000059161

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: PRES
Name: MONTELONGO, LEONEL E
Address: P.O. BOX 57838
City-St-Zip: JACKSONVILLE, FL 32241

Title: VP
Name: MONTELONGO, MARIA T
Address: PO 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 E. MONTELONGO PRES 03/30/2011
Electronic Signature of Signing Officer or Director Date