

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097395

FILED
Apr 29, 2005
Secretary of State

Entity Name: TOTAL HEALTH MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

3601 FEDERAL HIGHWAY
EXECUTIVE SUITE, 6TH FLOOR
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3601 FEDERAL HIGHWAY
ATTN: FELIX VILLAMIL-COMPTROLLER
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0862896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUARTE, JORGE A ESQ
5975 SUNSET DRIVE
601
SOUTH MIAMI, FL 33143 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: P () Delete
Name: VELEZ, PAUL C
Address: 3601 FEDERAL HWY.
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: RIVERA, GAMALIEL C
Address: 1172 NW 133RD COURT
City-St-Zip: MIAMI, FL 33182

Title: T () Delete
Name: DUARTE, JORGE
Address: 5975 SUNSET DR., #601
City-St-Zip: S. MIAMI, FL 33143

Title: S () Delete
Name: VELEZ, AUREA
Address: 19703 E CYPRESS CT
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL C VELEZ

P

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date