


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90423 018 \*\*\*150.00

<b>DOCUMENT # P99000041464</b>	
1. Entity Name <b>TOTAL LIFE CARE, INC.</b>	

Principal Place of Business <b>9110 BULLRUSH COURT NEW PORT RICHEY, FL 34654 12417 Ridgedale Dr Hudson, FL 34669</b>		Mailing Address <b>9110 BULLRUSH COURT NEW PORT RICHEY, FL 34654 12417 Ridgedale Dr Hudson, FL 34669</b>	
2. Principal Place of Business <b>12417 Ridgedale Dr</b>		3. Mailing Address <b>12417 Ridgedale Dr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hudson, FL</b>		City & State <b>Hudson, FL</b>	
Zip <b>34669</b>	Country <b>USA</b>	Zip <b>34669</b>	Country <b>USA</b>

01202006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3577546**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent <b>TAYLOR, ELOISE 11912 OAK TRAIL WAY PORT RICHEY, FL 34668</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COOK, TRISH 9110 BULLRUSH COURT NEW PORT RICHEY, FL 34654</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COOK, Trish 12417 R. dgedale Dr Hudson, FL 34669</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Trish Cook Trish Cook, President 4/27/06 722-857-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #