

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000041464

1. Entity Name
TOTAL LIFE CARE, INC.



Principal Place of Business
**12417 RIDGEDALE DR
HUDSON, FL 34669**

Mailing Address
**12417 RIDGEDALE DR
HUDSON, FL 34669**

DO NOT WRITE IN THIS SPACE



05052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3577546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, ELOISE
11912 OAK TRAIL WAY
PORT RICHEY, FL 34668**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P.
**COOK, TRISH
12417 RIDGEDALE DR
HUDSON, FL 34669**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000950411
06/03/08-80066-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 727-857-1700

Date

Daytime Phone #

Trish Cook, President