## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 29, 2001 8:00 am DOCUMENT # P9900053552 **Secretary of State** 1. Entity Name TOTALCARING, INC. 01-29-2001 90045 003 \*\*\*158.75 Principal Place of Business Mailing Address 6205 N. LINIVERSITY DR. 6205 N. UNIVERSITY DR. FORT LAUDERDALE FL 33321 FORT LAUDERDALE FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0977885 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERRY, JAMES L Street Address (P.O. Box Number is Not Acceptable) 18770 S.W. 7TH ST. PEMBROKE PINES FL 33029 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Executive Vice President Change X Addition PCO Delete V TITLE TITLE NAME NAME Terry, James, L. STREET ADDRESS STREET ADDRESS 18770 SW 7TH ST., PEMBROKE PINES, FL. 18770 S.W. 7th Street CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33029 Pembroke Pines, FL 33029 XX Delete TITLE PCO TITLE Addition NAME ROFFMAN, RUTH NAME STREET ADDRESS STREET ADDRESS 1632 SW 159TH AVE. CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33326 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME SAVIC, HEATHER NAME STREET ADDRESS STREET ADDRESS 1380 N.W. 159TH LN. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD:FL-33020 ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME LONG, MARILYN NAME STREET ADDRESS STREET ADDRESS 7947 W. 15 CT. CITY-ST-ZIP CITY-ST-ZIE HIALEAH FL 33014 Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIVECTOR

Delete

President 1-17-01 9547218300

Addition

☐ Change