

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L84760

Entity Name: MP TOTALCARE, INC.**Current Principal Place of Business:**1505 LBJ FREEWAY
SUITE 600
FARMERS BRANCH, TX 75234**Current Mailing Address:**1505 LBJ FREEWAY
SUITE 600
FARMERS BRANCH, TX 75234 US**FEI Number:** 59-3018364**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PRESIDENT, CEO, DIRECTOR
Name	CARSON, RODNEY J
Address	1505 LBJ FREEWAY SUITE 600
City-State-Zip:	FARMERS BRANCH TX 75234

Title	SECRETARY, VP, DIRECTOR
Name	RAINES, MONICA S
Address	1505 LBJ FREEWAY SUITE 600
City-State-Zip:	FARMERS BRANCH TX 75234

Title	TREASURER, DIRECTOR, CFO
Name	HOFMEISTER, THOMAS C
Address	1505 LBJ FREEWAY SUITE 600
City-State-Zip:	FARMERS BRANCH TX 75234

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: THOMAS HOFMEISTER

TREASURER

01/13/2016

Electronic Signature of Signing Officer/Director Detail_____
Date