#### 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: SON	Y SANON

DOCUMENT# P06000132663

Entity Name: TOTAL HEALTH COMPLIANCE GROUP, INC.

# **Current Principal Place of Business:**

909 N MIAMI BEACH BLVD SUITE 101 NORTH MIAMI BEACH, FL 33162

# **Current Mailing Address:**

4554 SW 195TH WAY MIRAMAR, FL 33029 US

# FEI Number: 74-3191941

### Name and Address of Current Registered Agent:

SANON, SONY G 4554 SW 195TH WAY MIRAMAR, FL 33029 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

# **Officer/Director Detail :**

Title D Name SANON, SONY G Address 909 NORTH MIAMI BEACH BLVD City-State-Zip: N MIAMI BEACH FL 33162

> D Electronic Signature of Signing Officer/Director Detail

#### 05/01/2024

Date

# FILED May 01, 2024 Secretary of State 9762222802CC

Certificate of Status Desired: No

Date