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: SANON, SONY G

152 NE 167 STREET, SUITE 102 Address

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.

152 NE 167 STREET

SUITE 102

SIGNATURE:

SANON, SONY G 152 NE 167 STREET

STE 102

Electronic Signature of Registered Agent

Name and Address of Current Registered Agent:

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: TOTAL HEALTH COMPLIANCE GROUP, INC.

Officer/Director Detail :

DOCUMENT# P06000132663

NORTH MIAMI BEACH, FL 33162

Current Mailing Address: 5328 SW 195TH TERRACE MIRAMAR, FL 33029

FEI Number: 74-3191941

NORTH MIAMI BEACH, FL 33162 US

Current Principal Place of Business:

D SANON, SONY G

Title

Name

City-State-Zip: N MIAMI BEACH FL 33162

Certificate of Status Desired: Yes

FILED Jun 04, 2013 Secretary of State CC0562313005

Date

OFFICE ADMINISTRATOR

06/04/2013

Electronic Signature of Signing Officer/Director Detail

Date