# above, or on an attachment with all other like empowered.

SIGNATURE: SONY GARY SANON

Electronic Signature of Signing Officer/Director Detail

#### SIGNATURE:

#### **Officer/Director Detail :**

Title	D
Name	SANON, SONY G
Address	152 NE 167 STREET, SUITE 102
City-State-Zip:	N MIAMI BEACH FL 33162

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132663

Entity Name: TOTAL HEALTH COMPLIANCE GROUP, INC.

#### **Current Principal Place of Business:**

152 NE 167 STREET SUITE 102 NORTH MIAMI BEACH, FL 33162

# **Current Mailing Address:**

5328 SW 195TH TERRACE MIRAMAR, FL 33029

# 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.

Electronic Signature of Registered Agent

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

OFFICER

#### 04/29/2019

Date

#### FILED Apr 29, 2019 Secretary of State 0560981847CC

Certificate of Status Desired: Yes

Date