SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P94000051786 (9)

TENDERCARE PROFESSIONAL ASSISTED LIVING SERVICES , INC.



		Mailing Address			4 AMBIAN DIA SANTA DIRAI ARSIL ARSIL ARSI	IC BAID! GIVE!	kr 1886) 18118 8111 1881
719 COMMER LONGWOOD I		POST OFFICE BOX LONGWOOD FL 327					
					3. Date Incorporated or Qualified	3a. Date	of Last Report
- D					07/11/1994	05/0	//1995
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 735 C Suite, Apt.	Commerce Circle	26		•	59-3255431		Not Applicat
22 Suite, Apr.	#, etc	Suite, Apt #, etc			5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
City & State	6	City & State			6. Election Campaign Financing		\$5.00 May Be
23 Longw	ood. FL	28			Trust Fund Contribution		Added to Fees
Zip 24 3275	Country U.S.A.	Ζιρ 29	30 Coul	ntry	8. This corporation has liability for in Florida Statutes		unders 199.032, No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	istered Ag	ent
BL/	AND, G T JR			81 Name			
345	55 TABB DRIVE		•	82 Street Add	ress (P.O. Box Number is Not Acceptable	9)	
DEI	LTONA FL 32738			83			
				84 City		FL	35 Zip Code
Diffice or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida, Such change v	vas authorized.	by the corporati	oration submits this statement for the purion's board of directors. I hereby accept		nging its registered lent as registered
SIGNATURE							
12,	Signature typen or protein name of registered age	ent and title if applicable ID DIRECTORS		Agest signature requi		CATE	
			13.				RECTORS IN 12
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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 617, Florida Statutes, and that my name appears in Block 13 of changed, or on an attachment with an address

SIGNATURE:

G. T. Bland, Jr.

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 339-8363

Conymiss Phone #