

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jul 02 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000051786 (9)**  
 1. Corporation Name  
**TENDERCARE PROFESSIONAL ASSISTED LIVING SERVICES, INC.**



Principal Place of Business  
**735 COMMERCE CIRCLE  
 LONGWOOD FL 32760  
 US**

Mailing Address  
**POST OFFICE BOX 561  
 LONGWOOD FL 32752**

3. Date Incorporated or Qualified  
**07/11/1994**

3a. Date of Last Report  
**07/24/1996**

4. FEI Number  
**59-3255431**

5. Certificate of Status Desired **XX** **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
**21 1150 Louisiana Avenue**

2a. Mailing Address  
**26 P. O. Box 1542**

Suite, Apt. #, etc.  
**22 Suite 5C**

City & State  
**23 Winter Park, FL**

Zip Country  
**24 32789 25 USA**

City & State  
**27 Winter Park, FL**

Zip Country  
**28 32790-1542 29 USA**

**9. Name and Address of Current Registered Agent**

**BLAND, G T JR  
 3455 TABB DRIVE  
 DELTONA FL 32738**

**10. Name and Address of New Registered Agent**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**2940 DeBrocy Way**

**83**

**84 City**  
**Winter Park**

**85 Zip Code**  
**FL 32792**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PO</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAND, G T JR</b>	
STREET ADDRESS	<b>3455 TABB DRIVE</b>	
CITY-ST-ZIP	<b>DELTONA FL 32738</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALLEN, RONALD P</b>	
STREET ADDRESS	<b>1630 MYRTLE LAKE HILLS ROAD</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>2940 DeBrocy Way</b>	
1.4 CITY-ST-ZIP	<b>Winter Park, FL 32792</b>	
2.1 TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Nancy R. Bland</b>	
2.3 STREET ADDRESS	<b>2940 DeBrocy Way</b>	
2.4 CITY-ST-ZIP	<b>Winter Park, FL 32792</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)