

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000051786

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: TENDERCARE PROFESSIONAL ASSISTED LIVING SERVICES, INC.

**Current Principal Place of Business:**

1150 LOUISIANA AVE  
SUITE 5C  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1542  
WINTER PARK, FL 327901542 US

**New Mailing Address:**

FEI Number: 59-3255431      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLAND, G T JR  
2940 DEBROCY WAY  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

BLAND, G T JR  
4450 NEW BROAD STREET  
ORLANDO, FL 32814 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

04/06/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BLAND, G T JR  
Address: 2940 DEBROCY WAY  
City-St-Zip: WINTER PARK, FL

Title: STD ( ) Delete  
Name: BLAND, NANCY  
Address: 2940 DEBROCY WAY  
City-St-Zip: WINTER PARK, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BLAND, G T JR  
Address: 4450 NEW BROAD STREET  
City-St-Zip: ORLANDO, FL 32814

Title: STD (X) Change ( ) Addition  
Name: BLAND, NANCY  
Address: 4450 NEW BROAD STREET  
City-St-Zip: ORLANDO, FL 32814

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY R. BLAND

Electronic Signature of Signing Officer or Director

STD

04/06/2005

Date