

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000051786

FILED
Apr 08, 2009
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
4450 NEW BROAD STREET
ORLANDO, FL 32814 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: BLAND, GEORGE T IV
Address: 518 ONE CENTER BLVD., #112
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

STD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date