

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000051786

**FILED  
Mar 08, 2016  
Secretary of State  
CC8135652633**

**Entity Name:** TENDERCARE PROFESSIONAL ASSISTED LIVING SERVICES, INC.

**Current Principal Place of Business:**

1150 LOUISIANA AVE  
SUITE 5C  
WINTER PARK, FL 32789

**Current Mailing Address:**

P.O BOX 1542  
WINTER PARK, FL 32790-1542 US

**FEI Number: 59-3255431**

**Certificate of Status Desired: No**

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

BLAND, G TJR  
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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BLAND, G TJR  
Address 4450 NEW BROAD STREET  
City-State-Zip: ORLANDO FL 32814

Title STD  
Name BLAND, NANCY R  
Address 4450 NEW BROAD STREET  
City-State-Zip: ORLANDO FL 32814

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

**SIGNATURE: NANCY R. BLAND**

**ADMINISTRATOR**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date