2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # F05000002111

1. Entity Name
TLC HEALTH CARE SERVICES, INC.

Principal Place of Business	Mailing Address
1983 MARCUS AVENUE LAKE SUCCESS, NY 11042	1983 MARCUS AVENUE LAKE SUCCESS, NY 11042

DO NOT WRITE IN THIS SPACE

04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1031840

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	PERRY, WESLEY N
STREET ADDRESS	1983 MARCUS AVENUE
CITY-ST-ZIP	LAKE SUCCESS, NY 11042
TITLE	SVP
NAME	DERR, WILLARD T
STREET ADDRESS	1983 MARCUS AVENUE
CITY-ST-ZIP	LAKE SUCCESS, NY 11042
TITLE	SVP
NAME	FRANK, DAVID
STREET ADDRESS	1983 MARCUS AVENUE
CITY-ST-ZIP	LAKE SUCCESS, NY 11042
TITLE	VP
NAME	OETTINGER, PAUL
STREET ADDRESS	1983 MARCUS AVENUE
CITY-ST-ZIP	LAKE SUCCESS, NY 11042
TITLE	VP
NAME	ROBBINS, JUDY
STREET ADDRESS	1983 MARCUS AVENUE
CITY-ST-ZIP	LAKE SUCCESS, NY 11042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/07-80057-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wesley N. Perry 04-13-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #