

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # F05000002111		
1. Entity Name TLC HEALTH CARE SERVICES, INC.		
Principal Place of Business 1983 MARCUS AVENUE LAKE SUCCESS, NY 11042	Mailing Address 1983 MARCUS AVENUE LAKE SUCCESS, NY 11042	



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

516-327-3369

Daytime Phone #