FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT** #

1. Corporation Name TENDER LOVING CARE RETIREMENT RESIDENCE, INC.

Name and Address of Current Registered Agent 10 Name and Address		EN EOVING OARE RETRIES				
Purpose Place of Business 2a	% 747 BON	AIR ST				
2					3. Date incorporated or Qualified 08/19/1982	3a. Date of Last Report 04/25/1995
Suits, April Procession Suits	2. Principal Plac	ce of Business	├ ¬ ~		4. FEI Number 59-2273210	
CAMPBELL, MONICA 747 BON ARR ST. LAKELAND FL 33801 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floring Statutes in address of New Registered Agent 12. OF CENTRAL PROVISIONS OF Sections 607 0502 and 607 1508. Floring Statutes in address of New Registered Agent 13. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floring Statutes in address in P.O. Box Number is Not Acceptable; 14. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floring Statutes in address in P.O. Box Number is Not Acceptable; 15. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floring Statutes, the address in P.O. Box Number is Not Acceptable; 15. Pursuant to the provisions of Sections 607 0502 floring Statutes, the address in P.O. Box Number is Not Acceptable; 16. Country II. Box Number is Not Acceptable; 17. Pursuant to the provisions of Sections 607 0502 floring Statutes, the address in P.O. Box Number is Not Acceptable; 18. Direct Provisions of Sections 607 0502 floring Statutes, the address in P.O. Box Number is Not Acceptable; 18. Direct Provisions of Sections 607 0502 floring Statutes, the address in P.O. Box Number is Not Acceptable; 18. Direct Provisions of Sections 607 0502 floring Statutes, the address in P.O. Box Number is Not Acceptable; 18. Direct Provisions of Sections 607 0502 floring Statutes, the address in P.O. Box Number is Not Acceptable; 18. Direct Provisions of Sections 607 0502 floring Statutes, the address in P.O. Box Number is Not Acceptable; 18. Direct Provisions of Sections 607 0502 floring Statutes, the address in P.O. Box Number is Not Acceptable; 18. Direct Provisions of Sections 607 0502 floring Statutes, the address in P.O. Box Number is Not Acceptable; 18. Direct Provisions of Sections 607 0502 floring Statutes, the address in P.O. Box Number is Not Acceptable; 18. Direct Provisions of Sections 607 0502 floring Statutes, the address in P.O. Box Number is Not Acceptable; 18. Direct Provisions of Sections 607 0502 floring Statutes, the		, etc.	F¬		5. Certificate of Status Desired	1 1
Zep			h1			
10. Name and Address of New Registered Agent 10. Name and Address of		├ ── '	 -	├		
CAMPBELL, MONICA 747 BON AR ST. LAKELAND FL 33801 B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City		9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New F	Registered Agent
TATE ON AIR ST. LAKELAND FL 33801	CAMP	NEU 1401001		1 1		
LAKELAND FL 33801 B4 City FL 85 Zp Code				82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
Section Sect				63		
11. Pursuant to the provisions of Sections C07 05/05 and C07 15/08. Fixinds Statutes the above named corporation submiss this statement for the purpose of changing its registered agent. I am registered agent, or both, in the State of Portios. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am serial registered agent. I				R4 City		85 Z _{in} Code
SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE						FL
1.2	or registere	ed agent, or both, in the State of Flöri	ida. Such change was auth	onzea by the corporation s bo	oration submits this statement for the pul ard of directors. I hereby accept the app	irpose of changing its registered office pointment as registered agent. I am
13. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS 1.1 TIME Change Addition Change Cha	SIGNATURE _		tout the action	WOLF Grandword Aport streeture from	hat when repsturing	DAT:
TITLE						FICERS AND DIRECTORS IN 12
TAT BON AIR ST LAKELAND FL		P	DELETE	1. 1 THE		Change Addition
LAKELAND FL	NAME			1.2 NAME		
VS	STREET ADDRESS			1.3 STREET ADDRESS		
NAME			E3 DOLETE			□ Change □ Addition
THE CONTROL	· •	· -	C) percue			
City - St - ZiP						
THE		E .				
NAME STREET ADDRESS STREET ADDRESS			DELETE.			Change Addition
STREET ADDRESS STRE				3.2 NAME		
DELETE	STREET ADDRESS			3.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS	CITY - S1 - ZIP					Change [] Addition
STREET ADDRESS	TITLE		DELFTE			Li unange Li Addition
Addition	NAME					
DELETE DELETE S TITLE Change Addition	STREET ADDRESS					
NAME			F) DECEM			Change
STREET ADDRESS			L'1 DETEIF			
	1					
DELETE Change Addition						
NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS			☐ DELETE			Change Addition
STREET ADDRESS 63 STREET ADDRESS			r vittir			
griller natives	1			1		
	STREET ADDRESS CHTY+ST-ZIP			6.4 CHY-ST-ZIP		

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an all ashment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STORING OF SERIOR BIRECTOR

4/16/96 (941) 688-1196

CR2E034 (12/95)