

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H68900**

**(0)**

1. Corporation Name

**T.L.C. HOME HEALTH CARE, INC.**

Principal Place of Business

**1981 MARCUS AVENUE  
LAKE SUCCESS NY 11042**

Mailing Address

**1981 MARCUS AVENUE  
LAKE SUCCESS NY 11042**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**07/30/1985**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**11-2752387**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

**21 1983 Marcus Ave., CB 7011**

2a. Mailing Address

**28 1983 Marcus Ave., CB 7011**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Lake Success, NY**

City & State

**28 Lake Success, NY**

Zip

**24 11042**

Country

**25 USA**

Zip

**29 11042**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

|                 |                    |
|-----------------|--------------------|
| TITLE           | CPD                |
| NAME            | SAVITSKY, STEPHEN  |
| STREET ADDRESS  | 1981 MARCUS AVENUE |
| CITY - ST - ZIP | LAKE SUCCESS NY    |
| TITLE           | VS                 |
| NAME            | SAVITSKY, DAVID    |
| STREET ADDRESS  | 1981 MARCUS AVENUE |
| CITY - ST - ZIP | LAKE SUCCESS NY    |
| TITLE           | VD                 |
| NAME            | TIGHE, GARY        |
| STREET ADDRESS  | 1981 MARCUS AVENUE |
| CITY - ST - ZIP | LAKE SUCCESS, NY.  |
| TITLE           | TD                 |
| NAME            | SAVITSKY, DAVID    |
| STREET ADDRESS  | 1981 MARCUS AVE.   |
| CITY - ST - ZIP | LAKE SUCCESS, NY.  |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 11 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                              |
| 13 STREET ADDRESS  | 1983 Marcus Avenue, CB 7011                                                  |
| 14 CITY - ST - ZIP |                                                                              |
| 21 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                              |
| 23 STREET ADDRESS  | 1983 Marcus Avenue, CB 7011                                                  |
| 24 CITY - ST - ZIP |                                                                              |
| 31 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                              |
| 33 STREET ADDRESS  | 1983 Marcus Avenue, CB 7011                                                  |
| 34 CITY - ST - ZIP |                                                                              |
| 41 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                              |
| 43 STREET ADDRESS  | 1983 Marcus Avenue, CB 7011                                                  |
| 44 CITY - ST - ZIP |                                                                              |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                                                                              |
| 53 STREET ADDRESS  |                                                                              |
| 54 CITY - ST - ZIP |                                                                              |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                                                                              |
| 63 STREET ADDRESS  |                                                                              |
| 64 CITY - ST - ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/95

Date

516-358-1000

Daytime Phone