

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91440 047 ***150.00

DOCUMENT # H68900

1. Entity Name
T.L.C. HOME HEALTH CARE, INC.



Principal Place of Business
**1983 MARCUS AVE. CB 7011
LAKE SUCCESS NY 11042
US**

Mailing Address
**1982 MARCUS AVE CB 7011
LAKE SUCCESS NY 11042
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2752387**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **CD SAVITSKY, STEPHEN** ☐ Delete
STREET ADDRESS **1983 MARCUS AVENUE**
CITY-ST-ZIP **LAKE SUCCESS NY 11042**

TITLE
NAME **CD Happ, James K** ☒ Change ☐ Addition
STREET ADDRESS **1983 Marcus Avenue**
CITY-ST-ZIP **LaKe Success, NY 11042**

TITLE
NAME **VT DERR, WILLARD T** ☐ Delete
STREET ADDRESS **1983 MARCUS AVE**
CITY-ST-ZIP **LAKE SUCESS NY 11042**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VS SILVER, RENEE J** ☐ Delete
STREET ADDRESS **1983 MARCUS AVE**
CITY-ST-ZIP **LAKE SUCCESS NY 11042**

TITLE
NAME **VS Friedfeld, Eddy** ☒ Change ☐ Addition
STREET ADDRESS **1983 Marcus Avenue**
CITY-ST-ZIP **LaKe Success, NY 11042**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D Caltado, Robert** ☐ Change ☒ Addition
STREET ADDRESS **1983 Marcus Avenue**
CITY-ST-ZIP **LaKe Success, NY 11042**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **P Perry, Wesley** ☐ Change ☒ Addition
STREET ADDRESS **1983 Marcus Avenue**
CITY-ST-ZIP **LaKe Success, NY 11042**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-03 576 327 3373

CR2E034 (10/02)