## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business

**SIGNATURE:** 

DOCUMENT # H68901

Mailing Address

TENDER LOVING CARE PRIVATE PATIENT COMPANY, INC.

LAKE SUCCESS	AVENUE CB 7011 S. NY. 11042	LAKE SUCCESS, NY. 11042	1983 MARCUS AVENUE CB 7011 LAKE SUCCESS, NY. 11042				
US		US	US		3. Date Incorporated or Qualified 3a. Date of Last Report 07/30/1985 02/27/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		pli <b>ed Fo</b> r
21		26			22-2630951		t Applicable
Suite, Apt.	#, etc.	├-¬	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22		27				Fee Re	
City & State 23		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zıp	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	25   29   30   Name and Address of Current Registered Agent			Florida Statutes Yes No 10, Name and Address of New Registered Agent		
			81	Name	10, Name and Address of New Reg	platered Agent	
	PRENTICE-HALL CORPORAT	ION SYSTEM INC.	61	Name			
1201 HAYS STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 105				<u> </u>			
TALL	_AHASSEE FL 32301		83				
			84	City	······································	FL 85 Zip C	Code
44 Discusses	to the provisions of Postions 607	0502 and 607 1500 Florida Statute		<u> </u>			
office or r agent. La	to the provisions of sections 607, registered agent, or both, in the S im familiar with, and accept the ol	usuz and 607,1306, Florida Statute tate of Florida. Such change was a oligations of, Section 607,0505, Flo	rs, the abov uthorized b rida Statute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its t the appointment as	registered
SIGNATURE	Signature, typical or printed name of registered	d agent and tide if applicable (NOTE	Registered Ag	ent signature recu	pired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	CPD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	SAVITSKY, STEPHEN		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CHTY-ST-ZIP	LAKE SUCCESS NY	••	1.4 City-5				
TOTLE	VS DELETE		2.1 TITLE		······································	Change	Addition
NAME	SAVITSKY, DAVID		2.2 NAME				
STREET ADDRESS	1983 MARCUS AVE CB 7011		2.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE SUCCESS NY		2. 4 City-St-Zip				
TITLE	TD DELETE		3.1 TITLE			Change	☐ Addition
NAME	SAVITSKY, DAVID		3.2 NAME				
STREET ADDRESS	1983 MARCUS AVE CB 7011		3.3 STREET ADDRESS				
CiTY-ST-ZIP	LAKE SUCCESS, NY.		3.4. CITY-ST-ZIP				
TITLE			4.1 TITLE			Change	Addition
NAME	TIGHE, GARY		4. 2 NAME				
STREET ADDRESS	1983 MARCUS AVE CB 7011		4.3 STREET ADDRESS				
CITY-SY-ZIP	LAKE SUCCESS NY	•	4.4 CITY-5	1			
TITLE	DELETE		5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STHEET ADDRESS	'		5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-5				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME	je`∙		6.2 NAME				****
STHEET ADDRESS	*			ADDRESS			
CITY-ST-ZIP			6.4 CITY-5	1			
14. I do heret	by certify that the information sup-	plied with this filing does not qualify	of the exe	emption state	d in Section 119.07(3)(i), Florida Statutes	. I further certify that	he
informatio Lam an o	on indicated on this annual report Ifficer or director of the conforation	or supplemental annual report is tr	ue and acco	urate and tha	at my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as if made und	ler nath: that i