

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90244 031 ***150.00

DOCUMENT # H68901

1. Corporation Name

TENDER LOVING CARE PRIVATE PATIENT COMPANY, INC.



Principal Place of Business

1983 MARCUS AVENUE CB 7011
LAKE SUCCESS, NY. 11042
US

Mailing Address

1983 MARCUS AVENUE CB 7011
LAKE SUCCESS, NY. 11042
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1985

4. FEI Number

22-2630951

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	SAVITSKY, STEPHEN	
STREET ADDRESS	1983 MARCUS AVE CB 7011	
CITY-ST-ZIP	LAKE SUCCESS NY	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	SAVITSKY, DAVID	
STREET ADDRESS	1983 MARCUS AVE CB 7011	
CITY-ST-ZIP	LAKE SUCCESS NY	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SAVITSKY, DAVID	
STREET ADDRESS	1983 MARCUS AVE CB 7011	
CITY-ST-ZIP	LAKE SUCCESS, NY.	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TIGHE, GARY	
STREET ADDRESS	1983 MARCUS AVE CB 7011	
CITY-ST-ZIP	LAKE SUCCESS NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAVITSKY, STEPHEN	
1.3 STREET ADDRESS	1983 MARCUS AVENUE	
1.4 CITY-ST-ZIP	LAKE SUCCESS, NY 11042	
2.1 TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAVITSKY, DAVID	
2.3 STREET ADDRESS	1983 MARCUS AVENUE	
2.4 CITY-ST-ZIP	LAKE SUCCESS, NY 11042	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CLIFT, DALE R	
3.3 STREET ADDRESS	1983 MARCUS AVENUE	
3.4 CITY-ST-ZIP	LAKE SUCCESS, NY 11042	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DAVID SAVITSKY 4-9-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)