

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # K34237

1. Entity Name
TENDER CARE CENTERS, INC.



Principal Place of Business
**18824 COUNTY LINE RD.
SPRING HILL, FL 34610**

Mailing Address
**PO BOX 5159
SPRING HILL, FL 34611 US**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0088097

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAZZUCO, PHILLIP
8090 SUGAR BUSH DR
SPRING HILL, FL 34606**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MAZZUCO, PHILIP
STREET ADDRESS 8090 SUGAR BUSH DR
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE D
NAME MAZZUCO, MICHAEL
STREET ADDRESS 6499 SUGAR TREE DR
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE D
NAME MIDDLETON, PHYLLIS
STREET ADDRESS 4651 LAKE IN THE WOODS DR
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000793673
01/25/08-80018-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #