2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

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Entity Name: TENDER LOVING CARE HEALTH CARE SERVICES OF DADE, LLC

Current Principal Place of Business:

5959 S. SHERWOOD FOREST BLVD.
BATON ROUGE, LA 70816

New Principal Place of Business:

Current Mailing Address:

5959 S. SHERWOOD FOREST BLVD.
BATON ROUGE, LA 70816

New Mailing Address:

FEI Number: 20-1032569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TLC HEALTH CARE SERVICES, INC.
Address: 5959 S. SHERWOOD FOREST BLVD.
City-St-Zip: BATON ROUGE, LA 70816

Title: S
Name: PEIFFER, CELESTE
Address: 5959 S. SHERWOOD FOREST BLVD.
City-St-Zip: BATON ROUGE, LA 70816

Title: P
Name: BORNE, WILLIAM F
Address: 5959 S SHERWOOD FOREST BLVD
City-St-Zip: BATON ROUGE, LA 70816

Title: VP
Name: LABORDE, RONALD
Address: 5959 S SHERWOOD FOREST BLVD
City-St-Zip: BATON ROUGE, LA 70816

Title: T
Name: DOLAN, THOMAS
Address: 5959 S SHERWOOD FOREST BLVD
City-St-Zip: BATON ROUGE, LA 70816

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: CELESTE PEIFFER S 04/18/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date