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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N37389

1. Corporation Name

TENDER LOVING CARE LIFE SAVING CENTER, INC.

Principal Place of Business

14015 N.W. 17TH AVENUE
MIAMI FL 33167-1224

Mailing Address

14015 N.W. 17TH AVENUE
MIAMI FL 33167-1224



2. Principal Place of Business

21 1205 NW 79 St

Suite, Apt. #, etc.

22 Miami FL

City & State

23 33147 David

Zip

Country

24 25

2a. Mailing Address

26 14015 NW 17th AV

Suite, Apt. #, etc.

27 Miami FL

City & State

28 33167 Da

Zip

Country

29 30

3. Date Incorporated or Qualified

04/02/1990

4. FEI Number

65-0188482

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

9. Name and Address of Current Registered Agent

MUSGROVE, ALMADA
14015 N.W. 17TH AVENUE
MIAMI FL 33167

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 617.0502 and 617.1508, 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 617.0503, 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 CD ☐ DELETE

NAME MUSGROVE, ALMADA
STREET ADDRESS 14015 N.W. 17TH AVENUE
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☐ DELETE

NAME HALEY, DELPHA
STREET ADDRESS 10899 NW 12TH CT.
CITY-ST-ZIP MIAMI FL 33167

TITLE VC ☐ DELETE

NAME MUSGROVE, ARTGLEE
STREET ADDRESS 14015 N.W. 17TH AVENUE
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☐ DELETE

NAME FORBES, LYDIA
STREET ADDRESS 1146 N.W. 104 ST.
CITY-ST-ZIP MIAMI FL 33150

TITLE S ☐ DELETE

NAME GAINOUS, GERALDINE
STREET ADDRESS 15120 N.W. 31 AVENUE
CITY-ST-ZIP MIAMI FL 33054

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, 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: Almada Musgrove SIGNATURE REQUIRED Almada Musgrove June 15, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)