2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37389

FILED Jul 15, 2007 Secretary of State

Entity Name: TENDER LOVING CARE LIFE SAVING CENTER, INC.

| Juli elli F | Principal Place of Business: | New Principal Place of Business: |
|---|--|---|
| 1205 1215 MIAMI, FL | 5 NW 79TH STREET . 33147 | |
| Current N | Mailing Address: | New Mailing Address: |
| 025 SW ∕IIRAMAR | 39 ST. R, FL 33023 | |
| n accordar | r: 65-0188482 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation d Address of Current Registered Ager | did not receive the prior notice. |
| 6982 N N | VE, ALMADA L MAMI AVE BEACH, FL 33169 US | |
| | e named entity submits this statement for e of Florida. | the purpose of changing its registered office or registered agent, or both, |
| SIGNATU | RE: | |
| | Electronic Signature of Registere | d Agent Date |
| FFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR |
| itle: lame: ddress: :ity-St-Zip: | CD () Delete MUSGROVE, ALMADA 16982 N MIAMI AVE N MIAMI BEACH, FL 33169 | Title: () Change () Addition Name: Address: City-St-Zip: |
| itle: lame: ddress: ity-St-Zip: | CTS () Delete HALEY, DELPHA 2808 CANAL RD MIRAMAR, FL 33025 | Title: () Change () Addition Name: Address: City-St-Zip: |
| ïtle: lame: .ddress: | VP () Delete MUSGROVE, ARTGLEE J 16982 N MIAMI AVE N MIAMI BEACH, FL 33169 | Title: () Change () Addition Name: Address: City-St-Zip: |
| | | |
| city-St-Zip: itle: lame: ddress: city-St-Zip: | DM () Delete NEWMAN, LYDIA 1146 N.W. 104 ST. MIAMI, FL 33169 | Title: () Change () Addition Name: Address: City-St-Zip: |
| ity-St-Zip: itle: ame: ddress: | NEWMAN, LYDIA 1146 N.W. 104 ST. | Name: Address: |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAIAH MUSGROVE DM 07/15/2007