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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003941 (0)

1. Corporation Name

TENDER LOVING CARE COMPLEX, INC.

Principal Place of Business

2104 SW 52 LN
CAPE CORAL FL 33914-6848

Mailing Address

2104 SW 52 LN
CAPE CORAL FL 33914-68483. Date Incorporated or Qualified
08/16/19953a. Date of Last Report
03/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0563230

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

RICHMAN, KENNETH W JR.
2640 GOLDEN GATE PKWY
SUITE 206
NAPLES FL 33942

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 D
NAME MAGNESS, SHERRY A
STREET ADDRESS 2104 SW 52 LN
CITY-ST-ZIP CAPE CORAL FL 33914-6848TITLE D
NAME MAGNESS, JAMES C
STREET ADDRESS 2104 SW 52 LN
CITY-ST-ZIP CAPE CORAL FL 33914-6848TITLE D
NAME REID, JEFF
STREET ADDRESS 1428 SW 27 TERR
CITY-ST-ZIP CAPE CORAL FL 33914TITLE D
NAME SENERAT, VESANTA
STREET ADDRESS 1342 COLONIAL BLVD SUITE D-30
CITY-ST-ZIP FT MYERS FL 33907TITLE D
NAME RICHMAN, KENNETH W JR.
STREET ADDRESS 2640 GOLDEN GATE PKWY SUITE 206
CITY-ST-ZIP NAPLES FL 33942TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *Sherry Magness* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066742

CR2E037 (9/96)