

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 02, 2007**  
**Secretary of State**

DOCUMENT# N95000003941

**Entity Name:** TENDER LOVING CARE COMPLEX, INC.**Current Principal Place of Business:**2104 SW 52 LN  
CAPE CORAL, FL 339146848 US**New Principal Place of Business:**1150 SW 20TH AVENUE  
CAPE CORAL, FL 33991 US**Current Mailing Address:**5245 BIG PINE WAY  
101  
FORT MYERS, FL 33907 US**New Mailing Address:**1150 SW 20TH AVENUE  
CAPE CORAL, FL 33991**FEI Number:** 65-0563230**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RICHTMAN, KENNETH W JR.  
8955 FONTANA DEL SOL WAY  
NAPLES, FL 34108 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

**OFFICERS AND DIRECTORS:****Title:** CEOD ( ) Delete  
**Name:** MAGNESS, SHERRY A  
**Address:** 2104 SW 52 LN  
**City-St-Zip:** CAPE CORAL, FL 339146848**Title:** SD ( ) Delete  
**Name:** RICHTMAN, KENNETH W JR.  
**Address:** 8955 FONTANA DEL SOL WAY  
**City-St-Zip:** NAPLES, FL 34108**Title:** VP ( ) Delete  
**Name:** GREENWOOD, VIRGINIA  
**Address:** 4208 SE 7TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33904**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CEO (X) Change ( ) Addition  
**Name:** GERST, VIRGINIA M  
**Address:** 4208 SE 7TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33904**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** TREA (X) Change ( ) Addition  
**Name:** GOVIN, AL  
**Address:** 3118 SE 18TH AVENUE  
**City-St-Zip:** CAPE CORAL, FL 33904**Title:** ED ( ) Change (X) Addition  
**Name:** MAGNESS, SHERRY A  
**Address:** 2104 SW 52ND LANE  
**City-St-Zip:** CAPE CORAL, FL 33914

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: SHERRY MAGNESS

ED

08/02/2007

Electronic Signature of Signing Officer or Director

Date