

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 22, 2008
Secretary of State

DOCUMENT# N95000003941

Entity Name: TENDER LOVING CARE COMPLEX, INC.**Current Principal Place of Business:**1150 SW 20TH AVENUE
CAPE CORAL, FL 33991 US**New Principal Place of Business:****Current Mailing Address:**1150 SW 20TH AVENUE
CAPE CORAL, FL 33991**New Mailing Address:****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:** CEO () Delete
Name: GERST, VIRGINIA M
Address: 4208 SE 7TH PLACE
City-St-Zip: CAPE CORAL, FL 33904**Title:** SD () Delete
Name: RICHTMAN, KENNETH W JR.
Address: 8955 FONTANA DEL SOL WAY
City-St-Zip: NAPLES, FL 34108**Title:** TREA () Delete
Name: HURLEY, TONI
Address: 3118 SE 18TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904**Title:** ED () Delete
Name: MAGNESS, SHERRY A
Address: 2104 SW 52ND LANE
City-St-Zip: CAPE CORAL, FL 33914**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CEO (X) Change () Addition
Name: MAGNESS, SHERRY A
Address: 2104 SW 52ND LANE
City-St-Zip: CAPE CORAL, FL 33914**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TREA (X) Change () Addition
Name: CHAPMAN-TONETTI, DEBBIE
Address: 4720 SE 15TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904**Title:** ED (X) Change () Addition
Name: WILBURN, CARRIE R
Address: 1826 SW 17TH PLACE
City-St-Zip: CAPE CORAL, FL 33991

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

CEO

10/22/2008

Electronic Signature of Signing Officer or Director

Date