## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000003941

FILED Jul 15, 2009 Secretary of State

Entity Name: TENDER LOVING CARE COMPLEX INC.

urrent F	Principal Place of Business:	New Principal Place of Business:	
	20TH AVENUE DRAL, FL 33991 US		
urrent N	Mailing Address:	New Mailing Address:	
	20TH AVENUE DRAL, FL 33991		
	r: 65-0563230 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did r	FEI Number Not Applicable ( ) Certificate of Status Desired not receive the prior notice.	()
ame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:	
955 FON	N, KENNETH W JR. NTANA DEL SOL WAY FL 34108 US		
		purpose of changing its registered office or registered agent, or	r botł
the Stat	te of Florida.	purpose of changing its registered office or registered agent, or	r both
the Stat	te of Florida.		r both
the Stat	te of Florida.		
the Stat GNATU FFICER le: ume: ldress:	te of Florida.  IRE:  Electronic Signature of Registered Ac	gent Date	
the Stat GNATU	te of Florida.  IRE:  Electronic Signature of Registered Ag  RS AND DIRECTORS:  CEO () Delete  MAGNESS, SHERRY A 2104 SW 52ND LANE	pent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: ( ) Change ( ) Addition  Name: Address:	
the Stat GNATU  FFICER le: dress:	te of Florida.  IRE:  Electronic Signature of Registered Acts  IS AND DIRECTORS:  CEO () Delete  MAGNESS, SHERRY A 2104 SW 52ND LANE  CAPE CORAL, FL 33914  SD () Delete  RICHMAN, KENNETH W JR.  8955 FONTANA DEL SOL WAY	ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition 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: LILLY HART EXEA 07/15/2009