


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

01-11-2007 90051 006 ***150.00

DOCUMENT # P01000119696	
1. Entity Name TENDER CARE MEDICAL SERVICES, INC.	

Principal Place of Business 18824 COUNTY LINE RD SPRING HILL, FL 34610	Mailing Address POST OFFICE BOX 5159 SPRING HILL, FL 34611
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0385189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MAZZUCO, PHILIP 6484 LAUREL OAK DRIVE SPRING HILL, FL 34607 34611	PO BOX 5159 8090 SUGAR BUSH DR SPRING HILL, FL 34606

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZUCO, PHILIP 6484 LAUREL OAK DRIVE SPRING HILL, FL 34607 34611 8090 SUGAR BUSH DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P MICHAEL MAZZUCO 6499 SUGAR TREE DR SPRING HILL, FL 34607 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip Mazzuco 1/4/07
SIGNATURE AND TITLE FOR SIGNING OFFICER OR DIRECTOR Date Daytime Phone #