

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000119696

**FILED**  
**May 18, 2011**  
**Secretary of State**

**Entity Name:** TENDER CARE MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

306 BEVERLY CT  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 5159  
SPRING HILL, FL 34611

**New Mailing Address:**

**FEI Number:** 03-0385189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAZZUCO, PHILIP  
8090 SUGAR BUSH DRIVE  
SPRING HILL, FL 34606 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: D  
Name: MAZZUCO, PHILIP  
Address: 8090 SUGAR BUSH DRIVE  
City-St-Zip: SPRING HILL, FL 34606

Title: VP  
Name: MAZZUCO, MICHAEL  
Address: 6499 SUGAR TREE DRIVE  
City-St-Zip: SPRING HILL, FL 34607

Title: VP  
Name: VERMETTE, BRIAN  
Address: 1821 SOUTH EAST 4TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33316

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP MAZZUCO

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05/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date