## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000119696

Entity Name: TENDER CARE MEDICAL SERVICES, INC.

**FILED** Mar 28, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Finicipal Flace of Business.	New Fillicipal Flace Of Busiliess

306 BEVERLY CT SPRING HILL, FL 34606

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 5159 P. O. BOX 5159

SPRING HILL, FL 34611 SPRING HILL, FL 34611

FEI Number: 03-0385189 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MAZZUCO, PHILIP 8090 SUGÁR BUSH DRIVE SPRING HILL, FL 34606

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:

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

Title: VΡ

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

Title:

VERMETTE, BRIAN Name: 846 SW 11TH ST Address:

City-St-Zip: FT LAUDERDALE, FL 33315

Title:

MAZZUCO, LORI Name: Address: 14328 LEYBURNE WAY City-St-Zip: SPRING HILL, FL 34609

Title:

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

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 D 03/28/2012