

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029620

FILED
Jan 31, 2006
Secretary of State

Entity Name: TENDER CARE NURSING SERVICES, INC.

Current Principal Place of Business:

18800 N.W. 2ND AVE STE #206
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

111 SW 97TH AVE
PEMBROKE PINES, FL 33025

New Mailing Address:

18800 NW 2ND AVENUE #206
MIAMI, FL 33169

FEI Number: 65-0929170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASSLY, CELESTINE B
111 SW 97TH AVE
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

PASSLY, CELESTINE B
18800 NW 2ND AVENUE #206
MIAMI, FL 33169 US

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:

01/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PASSLY, CELESTINE B
Address: 111 SW 97TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PASSLY, CELESTINE B
Address: 18800 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELESTINE PASSLY

PRE.

01/31/2006

Electronic Signature of Signing Officer or Director

Date