

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000085807

1. Entity Name  
TENDER LOVING CARE MEDICAL CENTER, INC.



FILED

04 FEB 25 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02232004 Chg-P CR2E034 (10/03) 021

Principal Place of Business 11980 SW 8 ST. #7 MIAMI, FL 33184		Mailing Address 11980 SW 8 ST. #7 MIAMI, FL 33184	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
03-0477148

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONTES DE OCA, GEMA 11980 SW 8 ST #7 MIAMI, FL 33184		7. Name and Address of New Registered Agent Name RAFAEL MONTEAVARO Street Address (P.O. Box Number is Not Acceptable) 13488 SW 13 TERR City MIAMI FL Zip Code 33184	
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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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE OCA, GEMA MONTES 11980 SW 8 ST., STE 7 MIAMI, FL 33184 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RAFAEL MONTEAVARO 13488 SW 13 TERR MIAMI, FL 33184 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/2004 Date Daytime Phone #