

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000128129

1. Entity Name
TENDER MEDICAL NURSING & HOME CARE, INC.



Principal Place of Business
4912 SW 75 AVENUE
MIAMI, FL 33155 US

Mailing Address
8770 SUNSET DRIVE
SUITE 523
MIAMI, FL 33137 US



08062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0045327	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

FOSTER, HENRY
7441 SW 68TH STREET
MIAMI, FL 33143

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLEMENTE, JOHN 8770 SUNSET DR., #523 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, HENRY 7441 SW 66 STREET MIAMI, FL 33143
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09/09/04-80001-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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

HENRY FOSTER

9/09/04 3056636634
Date Daytime Phone #