

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2005 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



01102005 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**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

FOSTER, HENRY  
7441 SW 66TH 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**

*Henry Foster* HENRY FOSTER DIRECTOR

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

(NOTE: Registered Agent signature required when reinstating)

4/28/05

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** CLEMENTE, JOHN  
**STREET ADDRESS** 8770 SUNSET DR., #523  
**CITY - ST - ZIP** MIAMI, FL 33173

**TITLE** D  
**NAME** FOSTER, HENRY  
**STREET ADDRESS** 7441 SW 66 STREET  
**CITY - ST - ZIP** MIAMI, FL 33143

**TITLE**  
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**STREET ADDRESS**  
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04/30/05-80067-016 158.75

**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:**

*Henry Foster* HENRY FOSTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

DATE

305 804 2567

Daytime Phone #