

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

07-23-2003 90062 037 ***558.75

DOCUMENT # P02000128129

1. Entity Name

TENDER MEDICAL NURSING & HOME CARE, INC.



Principal Place of Business

**8770 SUNSET DRIVE
SUITE 523
MIAMI FL 33137
US**

Mailing Address

**8770 SUNSET DRIVE
SUITE 523
MIAMI FL 33137
US**

55053723

2. Principal Place of Business

4912 SW 75 Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip Country

33155 USA

4. FEI Number

32-0045327

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BURGER, ALAN M
8603 SOUTH DIXIE HIGHWAY
SUITE 303
MIAMI FL 33143**

7. Name and Address of New Registered Agent

**NAME: HENRY FOSTER
STREET ADDRESS (P.O. Box Number is Not Acceptable):
7441 SW 66th St
City: MIAMI FL Zip Code: 33143**

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

7/11/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN CLEMENTE	
STREET ADDRESS	8770 SUNSET DR #523	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	HENRY FOSTER	
STREET ADDRESS	7441 SW 66 ST	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED HENRY FOSTER

7/11/03

305-663-6634

(Signature and typed or printed name of signing officer or director)

Daytime Phone #

CR2E034 (4/03)