2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State
05-04-2005 90129 013 ***150.00

DOCUMENT # P04000029068

1. Entity Name
TENDERCARE MEDICAL CENTER INC.

66021981

05022005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1647 SW 32ND AVE MIAMI, FL 33145	1647 SW 32ND AVE MIAMI, FL 33145

2. Principal Place of Business	3. Mailing Address
8353 SW 124 ST	8353 SW 124 ST
Suite, Apt. #, etc. SUITE 105	Suite, Apt. #, etc. SUITE 105
City & State MIAMI, FL	City & State MIAMI, FL
Zip / Country 33156 / USA	Zip / Country 33156 / USA

4. FEI Number
20-0776031
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VASALLO, ADA 2441 SW 14TH ST. MIAMI, FL 33145	Name TAX MANAGEMENT SERVICES CORP Street Address (P.O. Box Number is Not Acceptable) 7955 NW 12TH STREET SUITE 400 City DORAL FL Zip Code 33126

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 _____ 305-470-7504 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARRERO, MARIA 15305 SW 144TH PLACE MIAMI, FL 33177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARIA MARRERO 8353 SW 124 ST SUITE 105 MIAMI, FL 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 _____ 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 660021981
#P04000290 68

Employer Identification Number (EIN) Cover Sheet

Internal Revenue Service

Date	July 8, 2004
No. of pages *(including this one)*	1

Brookhaven IRS Campus - EIN Department

FAX: 1-631-447-8960 Phone: 1-800-829-4933

To	From	
MARIA VOLERO-MARRERO	Tax Examiner DAN	Team 109
FAX 305-256-5043	**Phone**	

ATTENTION

Name of Entity
TENDER CARE MEDICAL CENTER INC

EIN
20-0775031

Name of Entity

EIN

Name of Entity

EIN

☐ Please see the following letter regarding missing or incorrect information on your Form SS-4, Application for a Federal Employer Identification Number (EIN).