2005 FOR PROFIT CORPORATION ANNUAL REPORT

5

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-04-2005 90129 013 ***150.00

66021981

05022005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000029068

1. Entity Name
TENDERCARE MEDICAL CENTER INC.

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

Mailing Address
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 33156 / Country USA	Zip 33156 / Country USA

4. FEI Number 20-0778031 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
VASALLO, ADA
2441 SW 14TH ST.
MIAMI, FL 33145

7. Name and Address of New Registered Agent
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.

305-470-7504 4/27/05

SIGNATURE
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	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	MARRERO, MARIA	NAME	MARIA MARRERO
STREET ADDRESS	15305 SW 144TH PLACE	STREET ADDRESS	8353 SW 124 ST SUITE 105
CITY-ST-ZIP	MIAMI, FL 33177	CITY-ST-ZIP	MIAMI, FL 33156
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/27/05

ATTACHMENT 66021981
P04000029068

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).

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