2006 FOR PROFIT CORPORATION ANNUAL REPORT

CORPORATION FILED Mar 13, 2006 08:00 AM Secretary of State

	EPORT		Secretary of State
DOCUMENT # P0400002906			Secretary of State
TENDERCARE MEDICAL CENTER INC			
8353 SW 1247H ST	Mailing Address 8353 SW 124TH ST STE 105 MIAMI, FL 33156		TO THE CONTRACT OF THE PARTY AND THE CONTRACT OF THE CONTRACT
1			
DO NOT WRITE IN THIS SPACE		CE	01192006 No Chg-P CR2E034 (11/05)
		OL.	4. FEI Number Applied For 20-0772031 Not Applicat
Name and Address of Current Regi	stored & newl		Certificate of Status Desired
TAX MANAGEMENT SERVICES CORP	stered Affent	-	DO NOT WOITE
7955 NW 12TH ST STE 400			DO NOT WRITE
MIAMI, FL 33126			IN THIS SPACE
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE			
	all predicable (NOTE Register)	nd Anent sinnature requirer	d when reinstalicu) DATE
Signature, typed or printed name of registered agent and bit FILE NOWITH FEE IS \$150.00 After May 1, 2006 Fee Will be \$550.00	NOTE Register NOTE Register Trust Fund Contribution.		id when rendaling) DATE 5.00 May Be ded to Fees
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, 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 the empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED ORIFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #