


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90284 001 *****8.75
02-12-2007 90284 002 ***150.00

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|---|---|
| DOCUMENT # P04000029068 |  |
| 1. Entity Name TENDERCARE MEDICAL CENTER INC. | |

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| Principal Place of Business 8353 SW 124TH ST STE 105 MIAMI, FL 33156 | Mailing Address 8353 SW 124TH ST STE 105 MIAMI, FL 33156 |
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| 2. Principal Place of Business - No P.O. Box # 8353 SW 124 | 3. Mailing Address 8353 SW 124 ST |
| Suite, Apt. #, etc. # 105 | Suite, Apt. #, etc. # 105 |
| City & State Miami Florida | City & State Miami Dade |
| Zip 33156 | County Dade |



02052007 Chg-P CR2E034 (12/06)

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|---|--|---|
| 4. FEI Number 20-0772031 | | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| TAX MANAGEMENT SERVICES CORP 7955 NW 12TH ST STE 400 MIAMI, FL 33126 | | |
| 7. Name and Address of New Registered Agent | | |
| Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |

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 *Same registered agent* (NOTE: Registered Agent signature required when reinstating) DATE *2/8/07*

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MARRERO, MARIA 8353 SW 124TH ST STE 105 MIAMI, FL 33156 305-470-7504 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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: *Maria Marrero* **Maria Marrero** *2/8/07* *305-253-6502*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #