

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000134043 1. Entity Name TENDER HANDS HOME HEALTH CARE II INC																										
Principal Place of Business 21942 SW 126 AVENUE MIAMI, FL 33170		Mailing Address 21942 SW 126 AVENUE MIAMI, FL 33170																								
2. Principal Place of Business - No P.O. Box # 9710 E. Indigo ST <small>Suite, Apt. #, etc.</small> Suite 101 <small>City & State</small> Palmetto Bay <small>Zip</small> 33157	3. Mailing Address 9710 E. Indigo ST <small>Suite, Apt. #, etc.</small> Suite 101 <small>City & State</small> Palmetto Bay <small>Zip</small> 33157	4. FEI Number 74-3200316																								
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																								
6. Name and Address of Current Registered Agent MASTERS, ANGELA 21942 SW 126 AVENUE MIAMI, FL 33170		7. Name and Address of New Registered Agent <small>Name</small> Masters, Angela <small>Street Address (P.O. Box Number is Not Acceptable)</small> 9710 E. Indigo St Ste 101 <small>City</small> Palmetto Bay <small>FL</small> <small>Zip Code</small> 33157																								
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____																										
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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																								
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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: <u>Erica White</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8/6/07</u> <u>(214) 536-1396</u> <small>Date</small> <small>Office Phone #</small>																								

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