

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134043

FILED  
May 26, 2009  
Secretary of State

Entity Name: TENDER HANDS HOME HEALTH CARE II INC

## Current Principal Place of Business:

9710 E. INDIGO ST  
SUITE 101  
PALMETTO BAY, FL 33157

## New Principal Place of Business:

17358 SOUTH DIXIE HWY  
MIAMI, FL 33157

## Current Mailing Address:

9710 E. INDIGO ST  
SUITE 101  
PALMETTO BAY, FL 33157

## New Mailing Address:

17358 SOUTH DIXIE HWY  
MIAMI, FL 33157

FEI Number: 74-3200316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MASTERS, ANGELA  
9710 E. INDIGO ST  
SUITE 101  
PALMETTO BAY, FL 33157 US

## Name and Address of New Registered Agent:

MASTERS, ANGELA  
17358 SOUTH DIXIE HWY  
MIAMI, FL 33157 US

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.

SIGNATURE:

05/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WHITE, ERICA  
Address: 9710 E. INDIGO ST  
City-St-Zip: PALMETTO BAY, FL 33157

Title: VP ( ) Delete  
Name: BARNEY, KEISHA  
Address: 9710 E. INDIGO ST  
City-St-Zip: PALMETTO BAY, FL 33157

Title: S ( ) Delete  
Name: MASTERS, ANGELA  
Address: 9710 E. INDIGO ST  
City-St-Zip: PALMETTO BAY, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WHITE, ERICA  
Address: 17358 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

Title: VP (X) Change ( ) Addition  
Name: BARNEY, KEISHA  
Address: 17358 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

Title: S (X) Change ( ) Addition  
Name: MASTERS, ANGELA  
Address: 17358 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA MASTERS

S

05/26/2009

Electronic Signature of Signing Officer or Director

Date