

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08196 (8)

1. Corporation Name

TENDER LOVING CARE HOME CARE SERVICES, INC.

Principal Place of Business

**1981 MARCUS AVENUE
LAKE SUCCESS NY 11042**

Mailing Address

**1981 MARCUS AVENUE
LAKE SUCCESS NY 11042**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/25/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

11-2448680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 1983 Marcus Ave., CB 7011

2a. Mailing Address

26 1983 Marcus Ave., CB 7011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lake Success, NY

City & State

28 Lake Success, NY

Zip

24 11042

Country

25 USA

Zip

29 11042

Country

30 USA

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	SAVITSKY, STEPHEN
STREET ADDRESS	1981 MARCUS AVE
CITY - ST - ZIP	LAKE SUCCESS NY
TITLE	VS
NAME	SAVITSKY, DAVID
STREET ADDRESS	1981 MARCUS AVENUE
CITY - ST - ZIP	LAKE SUCCESS NY
TITLE	VD
NAME	TIGHE, GARY
STREET ADDRESS	1981 MARCUS AVENUE
CITY - ST - ZIP	LAKE SUCCESS NY
TITLE	TD
NAME	SAVITSKY, DAVID
STREET ADDRESS	1981 MARCUS AVENUE
CITY - ST - ZIP	LAKE SUCCESS NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1983 Marcus Avenue, CB 7011
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1983 Marcus Avenue, CB 7011
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	1983 Marcus Avenue, CB 7011
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	1983 Marcus Avenue, CB 7011
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/13/95

Date

516 358-1000

(Telephone Number)