

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000090540

FILED  
Mar 10, 2010  
Secretary of State

**Entity Name:** TENDER CARE MEDICAL SERVICES OF ST JOHNS, INC

**Current Principal Place of Business:**

306 BEVERLY CT.  
SPRING HILL, FL 34606

**New Principal Place of Business:**

6 ST JOHNS MEDICAL PARK DR  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

PO BOX 5159  
SPRING HILL, FL 34611

**New Mailing Address:**

**FEI Number:** 80-0502786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAZZUCO, PHILIP  
8090 SUGAR BUSH DR.  
SPRING HILL, FL 34606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MAZZUCO, PHILIP  
Address: PO BOX 5159  
City-St-Zip: SPRING HILL, FL 34611

Title: VP  
Name: VERMETTE, BRIAN  
Address: 1821 SE 4TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33316

I hereby 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 all other like empowered.

SIGNATURE: PHILIP MAZZUCO

PRES

03/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date