

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000090540

FILED
Mar 28, 2012
Secretary of State

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

Current Principal Place of Business:

318 BEVERLY COURT
SPRING HILL, FL 346096

New Principal Place of Business:

910 WINTERHAWK 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

OFFICERS AND DIRECTORS:

Title: D
Name: MAZZUCO, PHILIP
Address: 8090 SUGAR BUSH DR
City-St-Zip: SPRING HILL, FL 34606

Title: P
Name: MIDDLETON, PHYLLIS
Address: 3440 KINGS RD SO
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VP
Name: MAZZUCO, MICHAEL
Address: 6499 SUGAR TREE DR
City-St-Zip: SPRING HILL, FL 34607

Title: S
Name: VERMETTE, BRIAN
Address: 846 SW 11TH ST
City-St-Zip: FT LAUDERDALE, FL 33315

Title: T
Name: MAZZUCO, PHILIP
Address: 8090 SUGAR BUSH DR
City-St-Zip: SPRING HILL, FL 34606

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

D

03/28/2012

Electronic Signature of Signing Officer or Director

Date