

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000042281

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** TLC HOME CARE SERVICES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

801 INTERNATIONAL PKWY., STE 5026  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

801 INTERNATIONAL PKWY., STE 500  
LAKE MARY, FL 32746 US

**Current Mailing Address:**

801 INTERNATIONAL PKWY., STE 5026  
LAKE MARY, FL 32746 US

**New Mailing Address:**

801 INTERNATIONAL PKWY., STE 500  
LAKE MARY, FL 32746 US

**FEI Number:** 27-2658762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

IUSO, TAMAHRA C  
1764 REDWOOD GROVE TERRACE  
LAKE MARY, FL 32746 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:** CEO  
**Name:** IUSO, TAMAHRA C  
**Address:** 801 INTERNATIONAL PKWY., STE 500  
**City-St-Zip:** LAKE MARY, FL 32746 US

**Title:** CFO  
**Name:** KATHRYN, CRITES CPA  
**Address:** 13528 BLUEWATER CIRCLE  
**City-St-Zip:** ORLANDO, FL 32828

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:** TAMAHRA IUSO

CEO

04/13/2011

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

\_\_\_\_\_  
Date