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**PROFIT** CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Jun 25, 1999 8:00 am Secretary of State

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1. Corporation Name TENDER HOME CARE SERVICES, INC. Mailing Address Principal Place of Business 534 NW 50TH AVE. P O BOX 7313 **DELRAY BEACH FL 33482** DELRAY BCH FL 33445-2122 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/24/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0391384 Not Applicab 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite: Apt: #: etc Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year Intangible Country Zip Zip □No ☐ Yes 25 29 30 Personal Property Tax 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COHEN, TARA Street Address (P.O. Box Number is Not Acceptable) 82 534 NW 50 AVE DELRAY BEACH FL 33445-2122 83 85 Zip Code 84 City 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 ture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE TITLE COHEN, HOWARD L 1.2 NAME NAME 534 NW 50TH AVE. 1.3 STREET ADDRESS STREET ADDRESS DELRAY BCH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addit ☐ Change ☐ DELETE 21 TITE TITLE COHEN, TARA 2.2 NAME NAME 534 NW 50TH AVE. 2.3 STREET ADDRESS STREET ADDRESS DELRAY BCH FL 2. 4 CfTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additi ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Additi ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

RIGUATURE GERLUHRED
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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Change

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