

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000015332

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** TENDER HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

534 NW 50TH AVE.  
DELRAY BCH, FL 334452122 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7313  
DELRAY BEACH, FL 33482 US

**New Mailing Address:**

**FEI Number:** 65-0391384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, TARA  
534 NW 50 AVE  
DELRAY BEACH, FL 334452122 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: P  
Name: COHEN, HOWARD L  
Address: 534 NW 50TH AVE.  
City-St-Zip: DELRAY BCH, FL 33445 US

Title: S  
Name: COHEN, TARA  
Address: 534 NW 50TH AVE.  
City-St-Zip: DELRAY BCH, FL 33445 US

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: HOWARD L COHEN

P

02/07/2012

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

\_\_\_\_\_  
Date