FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMÊNT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9400051293 (6) TENDERCARE ASSISTED LIVING, INC. Principal Place of Business Mailing Address 1320 S.E. FEDERAL HIGHWAY P.O. BOX 1862 STUART FL 34995-1862 SUITE #214 STUART FL 34994 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1994 2. Principal Place of Business 2a. Mailing Address 4 FF) Number Applied For 65-0503949 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite # 203 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Coüntry 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAKER, JEAN A 1320 S.E. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE #214 STUART FL 34994 Zip Code 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 Signature, typed or printed name of registered agent and title if applicab ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE Change BAKER, JEAN A Baker, Jean 1.2 NAME 1320 SE Federal Husy, Suite 203 1320 S.E. FEDERAL HIGHWAY, SUITE 214 1.3 STREET ADDRESS STREET ADDRESS STUART FL 34994 Stuart, FL 34994 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME. NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE 4.2 NAME ... NAME 4.3 STREET ADDRESS STREET ADDRESS CATY-ST-ZIP 4,4 CITY - ST;- ZIP Change ☐ DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5,3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

4. I hereby certify that the information supplied with this filling 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 finy 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.

IGNATURE:

| 18198 (56) 220 -3090

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET AÓDRESS

DELETE

TITLE

STREET ADDRESS

Change

Addition