

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000057049 (5)**

1. Corporation Name

**TENDER HEART CARE, INC.**



Principal Place of Business

**609 OAK AVE  
MOUNT DORA FL 32757**

Mailing Address

**609 OAK AVE  
MOUNT DORA FL 32757**

2. Principal Place of Business

**21**

28. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

City & State

**23**

City & State

**28**

Zip

**24**

Country

**25**

Zip

**29**

Zip

**30**

Country

9. Name and Address of Current Registered Agent

**CLEMENT, G. EDWARD  
609 OAK AVE  
MOUNT DORA FL 32757**

3. Date Incorporated or Qualified  
**07/24/1995**

3a. Date of Last Report

Applied For  
 Not Applicable

4. FEI Number

**\$8.75** Additional  
Fee Required

5. Certificate of Status Desired

**\$5.00** May Be  
Added to Fees

6. Election Campaign Financing  
Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, Typed or Printed Name of Registered Agent or Registered Agent

(Note: Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

<input type="checkbox"/> DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D COVERT, MARY L 609 OAK AVE MOUNT DORA FL 32757</b>		

<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Mary Covert President 4-29-96 352-383-3140*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MARY COVERT 4-29-96*

CR2E034 (12/95)