

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000092674



1. Entity Name  
T.L.C. HEALTHCARE, INC.

Principal Place of Business  
1415 HOMESTEAD ROAD NORTH  
LEHIGH ACRES, FL 33936

Mailing Address  
PMB 195  
6900-29 DANIELS PARKWAY  
FORT MYERS, FL 33912

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 09, 2004 8:00 am  
Secretary of State**

04-09-2004 90028 039 \*\*\*150.00

94048161



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0874036	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	

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6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	BARRES, CARMEN I
STREET ADDRESS	1500 LEE BLVD STE 1400
CITY-ST-ZIP	LEHIGH ACRES, FL 33936

1415 Homestead Rd N.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04 (239) 303-0926  
Date Daytime Phone #