

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-09-2004 90028 039 ***150.00

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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

94048161



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0874036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
AMERILAWYER
343 ALMERA AVENUE
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

8. 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 reinsiding)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
BARRES, CARMEN I
~~1500 LEE BLVD STE 1400~~ 1415 Homestead Rd N.
LEHIGH ACRES., FL 33936

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #