

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000017350

FILED  
Apr 11, 2011  
Secretary of State

Entity Name: JEM'S TENDER HEART CARE, INC.

**Current Principal Place of Business:**

609 OAK AVENUE  
MOUNT DORA, FL 32767

**New Principal Place of Business:**

**Current Mailing Address:**

609 OAK AVENUE  
MOUNT DORA, FL 32767

**New Mailing Address:**

FEI Number: 59-3561981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OCAMPO, MARILOU R  
10330 WILLOW RIDGE LOOP  
ORLANDO, FL 32825 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: OCAMPO, RODRIGO S  
Address: 10330 WILLOW RIDGE LOOP  
City-St-Zip: ORLANDO, FL 32825

Title: VP  
Name: OCAMPO, MARIQUITA  
Address: 10330 WILLOW RIDGE LOOP  
City-St-Zip: ORLANDO, FL 32825

Title: SEC  
Name: OCAMPO, MARILOU R  
Address: 10330 WILLOW RIDGE LOOP  
City-St-Zip: ORLANDO, FL 32825

Title: T  
Name: OCAMPO, RODRIGO S  
Address: 10330 WILLOW RIDGE LOOP  
City-St-Zip: ORLANDO, FL 32825

Title: DIR  
Name: OCAMPO, SHERMAN T  
Address: 10330 WILLOW RIDGE LOOP  
City-St-Zip: ORLANDO, FL 32825

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: MARILOU OCAMPO

SEC

04/11/2011

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

\_\_\_\_\_  
Date