

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94272

FILED
Apr 27, 2005
Secretary of State

Entity Name: TENDER CARE HEALTH SERVICES, INC.

Current Principal Place of Business:

5718 S. DIXIE HWY
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

5718 S. DIXIE HWY
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 65-0304108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLIOTT, EUGENE
4208 HEATH CIRCLE SOUTH
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

GREEN, DAVID R
16191 68TH STREET NORTH
LOXATACHEE, FL 33470 US

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: DAVID GREEN

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELLIOTT, EUGENE
Address: 5718 S. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD () Delete
Name: CAMPBELL, ANN MARIE
Address: 5718 S. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: STD () Delete
Name: GREEN, LISA ANN
Address: 5718 S. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: GREEN, LISA ANN
Address: 5718 S. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: OFFI () Change (X) Addition
Name: GREEN, DAVID
Address: 16191 68TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LISA GREEN

STD

04/27/2005

Electronic Signature of Signing Officer or Director

Date