

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94272

FILED
Apr 29, 2008
Secretary of State

Entity Name: TENDER CARE HEALTH SERVICES, INC.

Current Principal Place of Business:

5718 S. DIXIE HWY
WEST PALM BEACH, FL 33405

New Principal Place of Business:

5405 OKEECHOBEE BLVD.
SUITE202
WEST PALM BEACH, FL 33417

Current Mailing Address:

5718 S. DIXIE HWY
WEST PALM BEACH, FL 33405

New Mailing Address:

5405 OKEECHOBEE BLVD.
SUITE202
WEST PALM BEACH, FL 33417

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

Name and Address of Current Registered Agent:

GREEN, LISA A
16191 68TH STREET NORTH
LOXATACHEE, FL 33470 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, ANN MARIE
Address: 5718 S. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VD () Delete
Name: GREEN, LISA A
Address: 5718 S. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

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

Title: OFFI () Delete
Name: GREEN, LISA
Address: 16191 68TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPBELL, ANN MARIE
Address: 5405 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD (X) Change () Addition
Name: GREEN, LISA A
Address: 5405 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: STD (X) Change () Addition
Name: GREEN, LISA ANN
Address: 5405 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33417

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 A GREEN

VD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date