

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94272

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: TENDER CARE HEALTH SERVICES, INC.

## Current Principal Place of Business:

5405 OKEECHOBEE BLVD.  
SUITE202  
WEST PALM BEACH, FL 33417

## New Principal Place of Business:

## Current Mailing Address:

5405 OKEECHOBEE BLVD.  
SUITE202  
WEST PALM BEACH, FL 33417

## 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:

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

## Name and Address of New Registered Agent:

GREEN, LISA A  
7682 2SD TERRACE  
LAKE WORTH, FL 33463      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: \_\_\_\_\_

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 GREEN

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date