## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94272

Entity Name: TENDER CARE HEALTH SERVICES, INC.

FILED Jun 29, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5405 OKEECHOBEE BLVD. 1094 RAINTREE COURT

SUITE202 PALM BEACH GARDENS, FL 33410 WEST PALM BEACH, FL 33417

Current Mailing Address: New Mailing Address:

5405 OKEECHOBEE BLVD. 1094 RAINTREE COURT

SUITE202 PALM BEACH GARDENS, FL 33410 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: Name and Address of New Registered Agent:

GREEN, LISA A
7682 2SD TERRACE
GREEN, LISA A
4371 NORTHLAKE BLVD

LAKE WORTH, FL 33463 US 192
PALM BEACH GARDENS, FL 33410 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: LISA GREEN 06/29/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: GREEN, LISA Address: 1094 RAINTREE CT.

City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD

Name: GREEN, LISA A Address: 1094 RAINTREE CT

City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: STD

Name: GREEN, LISA ANN Address: 1094 RAINTREE COURT

City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: OFFI
Name: GREEN, LISA

Address: 1094 RAINTREE COURT

City-St-Zip: PALM BEACH GARDENS, FL 33410

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: LISA GREEN PD 06/29/2010