

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51813

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** TENDER CARE HOME HEALTH SERVICES, CORP.

**Current Principal Place of Business:**

8875 NW 23 ST, UNIT A  
DORAL, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

8875 NW 23 ST, UNIT A  
DORAL, FL 33172 US

**New Mailing Address:**

**FEI Number:** 51-0163837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAAD, JORGE  
4960 SW 72 AVE  
SUITE 302  
MIAMI, FL 33155 US

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

RAAD, JORGE  
8875 NW 23 ST  
DORAL, FL 33172 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:**

Electronic Signature of Registered Agent

04/29/2008

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RAAD, JORGE  
Address: 4960 SW 72 AVE #302  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RAAD, JORGE  
Address: 8875 NW 23 ST  
City-St-Zip: DORAL, FL 33172

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:** JORGE RAAD

Electronic Signature of Signing Officer or Director

MR.

04/29/2008

Date