

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 208

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
\* In accordance with R.I.G.L. 7-12-1501(e), each confirm or refusing to file its annual report within thirty (30) days after the time prescribed by
law (R.I.G.L. 7-12-1501(e), d) is subject to a pseudy fee of \$35.00

iaw (R.I.G.L. 7-1.2-1501(c&d)) i	s subject to a penalty f	ee of \$25.00.				
1. Corporate ID No.	2. Name of Corporation		"		· · · · · · · · · · · · · · · · · · ·	
147585	TLC	Health Care	Services,Inc			
3. Street Address Principal Business ( 1983 Marcus A	office Avenue		Lake Succes	S NY	Zip   11042	
4. Business Phone No. 5163581000				<u></u>	11042	
		De	elaware			
6. Brief Description of the Character Parent Company	of Home Ho	ealth Care Ag	зепсу			
7. NAMES AND ADDRESSES	OF THE OFFICERS	C'X" BOX FOR ATTAC	HMENT) THE IN SPA	ES BEFORE USING	ATTACHMENTS	
Fresident Name			Vice President Name			
Wesley N. Perry			Willard T. Derr			
Street Address 1983 Marcus Av	enue		Street Address 1983 Marcus Avenue			
Lake Success	State N Y	Zip	City	State	Zip	
Secretary Name	I NT	11042	Lake Success	N Y	11042	
Willard T. Der	r		Treasurer Name None			
Street Address			Street Address			
1983 Marcus Ave						
City Lake Success	State	Zip	City	State	Zip	
	NY	11042		La constant de la con		
8. NAMES AND ADDRESSES Director Name			Director Name	NEES BEFORE USING	ATTACHMENTS	
Edward R. Casas	,M.D.		Wesley N. Perry			
Street Address		<del></del>	Street Address			
1983 Marcus Ave	nue		1983 Marcus Avenue			
City I a la a C	State	Zip	City	State	Zip	
Lake Success	NY		Lake Success	NY	11042	
Director Name Charles L. Grif:	fil		Director Name			
Street Address	LITH		Charles H. Ogburn			
1983 Marcus Ave	nue		Street Address 1983 Marcus Avenue			
City	State	Zip	Сиу	State	Zip	
Lake Success	NY	11042	Lake Success	NY	11042	
). SHARES AUTHORIZED: (*	X" BOX FOR ATTAC	HMENT)	10. SHARES ISSUED ("X	BOX FOR ATTACH	MENT)	
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION	MUST BE COMPLETED		
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This report must be executed or his report must be executed or	n behalf of the corpo	ration by an authorized	representative. If the corpor	ation is in the hands	of a receiver or trustee,	

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Under penalty of perjury, I declare and affirm that I have examined this report,
including any accompanying schedules and statements, and that all statements
contained herein are true and correct.
_ Weeker of fund
Signature Date
Wesley N. Perry /
Print or Type Name
President
Title