2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003
Secretary of State

DOCUMENT# L02000004542

Entity Name: HEALTHCARE'S PROFESSIONAL HELPING HANDS, LLC

Current Principal Place of Business:

2675 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

2675 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 04-3645922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, BRIAN D
2675 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780 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

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SMITH, BRIAN D MR.
Address: 2675 KNOX MCRAE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN SMITH MGR 05/12/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date