

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010679

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** HELPING HANDS SENIORS SERVICES, INC.

**Current Principal Place of Business:**

5028 19TH STREET  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2692  
ZEPHYRHILLS, FL 335392692 US

**New Mailing Address:**

FEI Number: 51-0613341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HILLMAN, JEANINE  
Address: 5028 19TH STREET  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DVT  
Name: HILMAN, LARRY  
Address: 5028 19TH STREET  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DS  
Name: SCOTT, GABRIELE  
Address: 8825 FOUNTAIN CLUB BLVD  
City-St-Zip: TAMPA, FL 33635

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEANINE HILLMAN

DP

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date