

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000021859

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** HEALING HANDS MEDICAL CENTER CORP.

**Current Principal Place of Business:**

1201 W HILLSBOROUGH AVE SUITE B  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

1201 W HILLSBOROUGH AVE SUITE B  
TAMPA, FL 33603

**New Mailing Address:**

**FEI Number:** 80-0366842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERNANDEZ, ENRIQUE  
1201 W HILLSBOROUGH AVE STE B  
TAMPA, FL 33603 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: PS  
Name: RAMOS, MARIA  
Address: 1201 W HILLSBOROUGH AVE SUITE B  
City-St-Zip: TAMPA, FL 33603

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: MARIA RAMOS

PRES

01/31/2011

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

\_\_\_\_\_ Date