

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90078 036 \*\*\*158.75

40003263



01102006 No Chg-P CR2E034 (11/05)

**DOCUMENT # P93000085300**  
 1. Entity Name  
 GENTLE HANDS HEALTH CARE SERVICES, CORP.



Principal Place of Business 6840 SW 40 ST 212 MIAMI, FL <del>33126</del> US 33155	Mailing Address 6840 SW 40 ST 212 MIAMI, FL <del>33126</del> US 33155
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
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0452728	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DIAZ, JIMMY  
 6840 SW 40 ST  
 SUITE 212  
 MIAMI, FL ~~33126~~ 33155

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DIAZ, JIMMY 6840 SW 40 STREET, SUITE 212 MIAMI, FL <del>33126</del> 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, JOHN 6840 SW 40 STREET, SUITE 212 MIAMI, FL <del>33126</del> 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 11-11-06 (305) 663 0886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR