

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05000005948

**Entity Name:** RADIANT HANDS INC.

**Current Principal Place of Business:**

13250 N 56TH STREET,  
SUITE 203 B  
TAMPA, FL 33617-1167

**Current Mailing Address:**

13250 N 56TH STREET,  
SUITE 203 B  
TAMPA, FL 33617-1167 US

**FEI Number:** 20-2966567

**Certificate of Status Desired:** No

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

SALEH, MAGDA E  
10601 BRANCHTON CHURCH RD  
THONOTOSASSA, FL 33592 US

*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

**Officer/Director Detail :**

Title D  
Name HASSAN, HUMERA  
Address 1321 NW 91 TERRACE  
City-State-Zip: GAINESVILLE FL 32606

Title D  
Name SHALABY, AMANY MRS.  
Address 1089 HARMONY LANE  
City-State-Zip: CLERMONT FL 34711

Title P  
Name SALEH, MAGDA E  
Address 10601 BRANCHTON CHURCH RD  
City-State-Zip: THONOTOSASSA FL 33592

Title T  
Name KAYALI, OSAMA  
Address 30627 CHESAPEAKE BAY DR.  
City-State-Zip: WESLEY CHAPEL FL 33543

Title DIRECTOR  
Name RAHIM, LAILAH A  
Address 4580 SECRETARIAT ROW  
City-State-Zip: SPRING HILL FL 34609

Title D  
Name KHAN, PATRICIA  
Address 3504 SW 1ST WAY  
City-State-Zip: GAINESVILLE FL 32601

Title SECRETARY  
Name ABDULLAH, NAIMA  
Address 7345 TERRACE RIVE DR.  
City-State-Zip: TAMPA FL 33637

Title DIRECTOR  
Name KHALED, ABIR  
Address 9322 MERLOT CIRCLE  
City-State-Zip: SEFFNER FL 33584

**Continues on page 2**

*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:** MAGDA SALEH

**PRESIDENT**

**06/06/2020**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SEDIGHI, OZRA  
Address        5033 WESLEY DR  
City-State-Zip: TAMPA FL 33647