

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005948

FILED
Jan 11, 2015
Secretary of State
CC9075148637

Entity Name: RADIANT HANDS INC.

Current Principal Place of Business:

6914 EAST FOWLER AVE SUITE E
TAMPA, FL 33617

Current Mailing Address:

PO BOX 140661
GAINESVILLE, FL 32614 US

FEI Number: 20-2966567

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SALEH, MAGDA E
20011 BEARS TRACK LANE
TAMPA, FL 33647 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 DIR
Name AKINYODE, ADENIKE M
Address 3 SUNRISE DRIVE
City-State-Zip: Ocala FL 34476

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

Title D
Name KHAN, AMEENA DR.
Address 10051 COLONNADE DRIVE
City-State-Zip: TAMPA FL 33647

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

Title P
Name SALEH, MAGDA E
Address 20011 BEARS TRACK LANE
City-State-Zip: TAMPA FL 33647

Title T
Name KAYALI, OSAMA
Address 10542 BERMUDA ISLE DR
City-State-Zip: TAMPA FL 33647

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

Title D
Name SALEH, ABIDA
Address 10757 PICTORIAL PARK DR
City-State-Zip: TAMPA FL 33647

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: OSAMA S KAYALI

TREASURER

01/11/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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