

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005948

**FILED**  
**Jan 02, 2014**  
**Secretary of State**  
**CC4765609882**

**Entity Name:** RADIANT HANDS INC.

**Current Principal Place of Business:**

3504 SW 1ST WAY  
GAINESVILLE, FL 32601

**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:**

KHAN, PATRICIA  
3504 SW 1ST WAY  
GAINESVILLE, FL 32061 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            PRES  
Name            KHAN, AMEENA DR.  
Address        5327 SW 75TH TERRACE  
City-State-Zip: GAINESVILLE FL 32608

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

Title            TRE  
Name            KHAN, PATRICIA J MRS.  
Address        3504 SW 1ST WAY  
City-State-Zip: GAINESVILLE FL 32601

Title            DIR  
Name            AKINYODE, ADENIKE M  
Address        3 SUNRISE DRIVE  
City-State-Zip: OCALA FL 34476

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

*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:** PATRICIA J KHAN

**TREASURER**

**01/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date