

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010679

**Entity Name:** HELPING HANDS SENIORS SERVICES, INC.

**Current Principal Place of Business:**

36405 FAIRVIEW HEIGHTS RD  
ZEPHYRHILLS, FL 33541

**Current Mailing Address:**

36405 FAIRVIEW HEIGHTS RD  
ZEPHYRHILLS, FL 33541 US

**FEI Number: 51-0613341**

**Certificate of Status Desired: No**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 DP  
Name HILLMAN, JEANINE  
Address 36405 FAIRVIEW HEIGHTS RD  
City-State-Zip: ZEPHYRHILLS FL 33541

Title DVT  
Name HILMAN, LARRY  
Address 36405 FAIRVIEW HEIGHTS RD  
City-State-Zip: ZEPHYRHILLS FL 33541

Title DS  
Name SCOTT, GABRIELE  
Address 8825 FOUNTAIN CLUB BLVD  
City-State-Zip: TAMPA FL 33635

*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: JEANINE HILLMAN**

**DP**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date