

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009552

**Entity Name:** HIS CARING HANDS, INC.

**Current Principal Place of Business:**

3777 NW 78TH AVENUE  
13-A  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

3777 NW 78TH AVENUE  
13-A  
HOLLYWOOD, FL 33024 US

**FEI Number:** 61-1636203

**Certificate of Status Desired:** Yes

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

HOLLY, MYRIAM S.  
3777 NW 78TH AVENUE  
13-A  
HOLLYWOOD, FL 33024 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:** MYRIAM S. HOLLY

03/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HOLLY, MYRIAM S.  
Address 3777 NW 78TH AVENUE  
13-A  
City-State-Zip: HOLLYWOOD FL 33024

Title VD  
Name HOLLY, MARY E  
Address 3777 NW 78TH AVENUE  
13-A  
City-State-Zip: HOLLYWOOD FL 33024

Title BOARD MEMBER  
Name TODD, RICHARD P  
Address 12000 NW 19TH STREET  
City-State-Zip: PEMBROKE PINES FL 33026

Title BOARD MEMBER  
Name KENNEDY, POLLY ELIZABETH MISS  
Address 2001 ALCAZAR DRIVE  
City-State-Zip: MIRAMAR FL 33023

Title BOARD MEMBER  
Name JEAN-BAPTIST, HARRY DR.  
Address EAST POMPANO PEDIATRIC,  
SUITE 107  
City-State-Zip: POMPANO BEACH FL 33064

*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:** MYRIAM S. HOLLY

PD

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date