

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000056181

**Entity Name:** HEALING HANDS HOME HEALTH CARE AGENCY, INC.

**Current Principal Place of Business:**

11983 TAMIAMI TRIAL NORTH  
SUITE 163  
NAPLES, FL 34110

**Current Mailing Address:**

11983 TAMIAMI TRIAL NORTH  
SUITE 163  
NAPLES, FL 34110 US

**FEI Number:** 93-2699830

**Certificate of Status Desired:** No

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

CHEDIAK, LIGIA L  
4535 45TH AVE NE  
NAPLES, FL 34120 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	P	Title	VP
Name	CHEDIAK, LIGIA L	Name	CHEDIAK, WILFREDO
Address	4535 45TH AVE NE	Address	4535 45TH AVE NE
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES FL 34120

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LIGIA CHEDIAK

**PRESIDENT**

**02/09/2024**

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

\_\_\_\_\_  
Date