

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002908

**Entity Name:** UNITED HANDS SERVICES, INC.

**Current Principal Place of Business:**

1056 SW 1ST AVE  
OCALA, FL 34471

**Current Mailing Address:**

1056 SW 1ST AVE  
OCALA, FL 34471 US

**FEI Number:** 52-1930334

**Certificate of Status Desired:** No

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

BURNETT, ANN  
1056 SW 1ST AVENUE  
OCALA, FL 34471 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:** ANN BURNETT

02/01/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VCVP  
Name HAMILTON, WAYNE ESQ.  
Address 1056 SW 1ST AVENUE  
City-State-Zip: Ocala FL 34471

Title CP  
Name BURNETT, ANN  
Address 1056 SW 1ST AVE  
City-State-Zip: Ocala FL 34471

Title D  
Name WILLIAMS, DAVID PHD  
Address 1056 SW 1ST AVENUE  
City-State-Zip: Ocala FL 34471

Title S  
Name BOVELL, DON DR.  
Address 1056 SW 1ST AVE  
City-State-Zip: Ocala FL 34471

Title MEMBER  
Name LECORN, DEMETRICK DR.  
Address 1056 SW 1ST AVENUE  
City-State-Zip: Ocala FL 34471

Title MEMBER  
Name AMIR, SIMON DR  
Address 1056 SW 1ST AVE  
City-State-Zip: Ocala FL 34471

Title MEMBER  
Name MORRIS, MICHAEL DR.  
Address 1056 SW 1ST AVE  
City-State-Zip: Ocala FL 34471

*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:** ANN BURNETT

CP

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date