


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G64153** (1)

1. Corporation Name

A HELPING HAND NURSING SERVICES, INC.

Principal Place of Business

**5571 10TH AVE NORTH
GREENACRES FL 33463
US**

Mailing Address

**5571 10TH AVE NORTH
GREENACRES FL 33463
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5171 10TH AVE NORTH

Suite, Apt. #, etc.

22

City & State

23 GREENACRES, FL

Zip

24 33463

Country

25 USA

2a. Mailing Address

26 SAME

27

Suite, Apt. #, etc.

28

City & State

29

Zip

30

Country

31

9. Name and Address of Current Registered Agent

**BURDICK, SYLVAN
324 DATURA ST
STE #200
WEST PALM BCH FL 33401**

3. Date Incorporated or Qualified

10/07/1983

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2334989

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Timothy R. Toward

82 Street Address (P.O. Box Number is Not Acceptable)

2730 Broadway

83

84 City

Riviera Beach

FL

85 Zip Code
33404

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE



(NOTE: Registered Agent signature required when re-instating)

DATE

8/18/97

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ DELETE

NAME **BISHOP, LYNDA L.**
STREET ADDRESS **8680 CRATER TERRACE**
CITY-ST-ZIP **LAKE PARK FL**

TITLE **VPD** ☐ DELETE

NAME **TOWARD, TIMOTHY**
STREET ADDRESS **2730 BROADWAY**
CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **PSTD** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.

CR2034 (4/97)