PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G64153

1. Corporation Name A HELPING HAND NURSING SERVICES, INC.								
Principal Place of Business Mailing Address					I INDERNI DELO DELO DELO SENDE LIDERE DELLE DELO CONTREDE LA CONTREDE DEL CONTREDE DEL CONTREDE DEL CONTREDE DE CONTRED			
5171 10TH AVE NORTH GREEN ACRES FL 33463 US		5171 10TH AVE NORTH GREEN ACRES FL 33463 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
ļ					10/07/1983		}	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	ΑD	plied For	
21	igos or Business		26		59-2334989	<u> </u>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Desired		
City & State	City & State	•		6. Election Campaign Financing Trust Fund Contribution	, , , , , ,			
Zip	Country Zip Co 25 29 30			у	This corporation owes the current year In Personal Property Tax.	tangible	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
TOWARD, TIMOTHY R 2730 BROADWAY STE #200 RIVIERA BCH FL 33404			8 8: 8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)	85 Zip (Code	
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 Signature, typed or print@name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	Addition	
TITLE	PSTD THAOTHY	☐ DELETE	1.1 TITLE			CT change	L. Flackford	
NAME	TOTALD, INIOTH			ET ADDRESS				
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NAME	32		3.2 NAME	:			ļ	
STREET ADDRESS	l:		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-			Chance	Addition	
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		4. 2 NAME]]		
STREET ADDRESS				ET ADDRESS			Ì	
CITY-ST-ZIP		□ DELETE	4.4 CITY-	ST-ZIP		Change	Addition	

CITY-ST-ZIP 14. I 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 or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90018 002 ***150.00