

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K06775

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: NURSES HELPING HANDS, INC.

## Current Principal Place of Business:

7191 71ST ST N  
PINELLAS PK, FL 33781 US

## New Principal Place of Business:

## Current Mailing Address:

7191 71ST ST N  
PINELLAS PK, FL 33781 US

## New Mailing Address:

FEI Number: 59-2839278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAZARO, CLEMENTINA  
7191 71ST ST N  
PINELLAS, FL 33781 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LAZARO, ROLANDO  
Address: 16143 HANNA RD  
City-St-Zip: LUTZ, FL 33549

Title: PD ( ) Delete  
Name: CLEMENTINA, LAZARO  
Address: 16143 HANNA RD  
City-St-Zip: LUTZ, FL 33549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAMELA LAZARO

MGR

04/22/2009

Electronic Signature of Signing Officer or Director

Date