

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116338

FILED
Jul 10, 2008
Secretary of State

Entity Name: HELPING HANDS MEDICAL SUPPLIES LLC

Current Principal Place of Business:

4479 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4479 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOEL FRIEND AND ASSOCIATES, INC.
2200 NORTH COMMERCE PARKWAY
SUITE 202
WESTON, FL 33326 US

Name and Address of New Registered Agent:

JOEL FRIEND AND ASSOCIATES, INC.
2863 EXECUTIVE PARK DRIVE
SUITE 105
WESTON, FL 33331 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: JOEL FRIEND

07/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PICKETT LEYVA, DEBRA
Address: 4479 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: S (X) Delete
Name: PICKETT LEYVA, DEBRA
Address: 4479 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: T (X) Delete
Name: PICKETT LEYVA, DEBRA
Address: 4479 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PICKETT LEYVA, DEBRA
Address: 4479 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEBRA PICKETT LEYVA

MGRM

07/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date