

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90018 023 \*\*\*\*70.00

<b>DOCUMENT # N00000006549</b> 1. Entity Name HELPING HANDS CLINIC, INC.					
Principal Place of Business 419 NE 1ST ST GAINESVILLE, FL 32601			Mailing Address P.O. BOX 1481 GAINESVILLE, FL 32602-1481		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3716775	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  NEWELL, PAUL D 260A LAWRENCE BLVD KEYSTONE HEIGHTS, FL 32656				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP STACEY, RANDALL J 1523 N.W. 12TH ROAD GAINESVILLE, FL 32605	Cynthia Stacey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV STACEY, CYNTHIA M 1523 N.W. 12TH ROAD GAINESVILLE, FL 32605	Same			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GUGLUIZZA, GINA 2653 SW 35TH PL. #702 GAINESVILLE, FL 32608	Paula Ambroso <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 419 NE 1st St Gainesville, FL 32601			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT SHORTLEY, BRENDAN P O BOX 141123 GAINESVILLE, FL 32614	Randall Stacey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 1/16/08 352-373-6884					