

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 09, 2012
Secretary of State

Entity Name: HELPING HANDS CLINIC, INC.

Current Principal Place of Business:

419 NE 1ST ST
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1481
GAINESVILLE, FL 326021481

New Mailing Address:

2603 NW 13TH STREET
306
GAINESVILLE, FL 32609

FEI Number: 59-3716775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, PAUL D
260A LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656 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

OFFICERS AND DIRECTORS:

Title: TP
Name: SHORTLEY, BRENDAN
Address: 419 NE 1ST ST
City-St-Zip: GAINESVILLE, FL 32601

Title: TV
Name: DIMPERIO, DIANE
Address: 419 NE 1ST ST
City-St-Zip: GAINESVILLE, FL 32601

Title: TS
Name: KILGOUR, MARY
Address: 419 NE 1ST ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: TT
Name: STACEY, RANDALL
Address: 419 NE 1ST ST
City-St-Zip: GAINESVILLE, FL 32601

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RANDALL STACEY

TT

01/09/2012

Electronic Signature of Signing Officer or Director

Date