

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002338

FILED
May 08, 2012
Secretary of State

Entity Name: HEALTH HELP PROJECT INC.

Current Principal Place of Business:

1720 SW 32 CT.
MIAMI, FL 33135

New Principal Place of Business:

11865 NORTH AVIARY DRIVE
COOPER CITY, FL 33026

Current Mailing Address:

1720 SW 32 CT.
MIAMI, FL 33135

New Mailing Address:

11865 NORTH AVIARY DRIVE
COOPER CITY, FL 33026

FEI Number: 65-1092120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATINO, HENRY REV.
11865 N. AVIARY DRIVE
COOPER CITY, FL 33326 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: PD
Name: PATINO, ROBERT
Address: 8350 SW 27 LN
City-St-Zip: MIAMI, FL 33155

Title: VD
Name: PATINO, FRANK DR.
Address: 29150 BUCKINGHAM SUITE 6
City-St-Zip: LIVONIA, MI 48154

Title: TD
Name: PATINO, JOSEPH
Address: 17918 SW 33 CT
City-St-Zip: MIRAMAR, FL 33029

Title: ATD
Name: LOPEZ, MANUEL
Address: 2730 S.W. 33 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: ED
Name: PATINO, HENRY
Address: 11865 NORTH AVIARY DR
City-St-Zip: COOPER CITY, FL 33026

Title: SD
Name: PATINO, ISABEL M
Address: 1720 S.W. 32 COURT
City-St-Zip: MIAMI, FL 33145

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: HENRY PATINO

R.A.

05/08/2012

Electronic Signature of Signing Officer or Director

Date