

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08380

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: FLORIDA HAND SOCIETY, INC.

**Current Principal Place of Business:**

2000 W COMMERCIAL BLVD., SUITE 101  
FT. LAUDERDALE, FL 333093060

**New Principal Place of Business:**

**Current Mailing Address:**

2000 W COMMERCIAL BLVD., SUITE 101  
FT. LAUDERDALE, FL 333093060

**New Mailing Address:**

FEI Number: 59-2538137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, ROBIN E  
2000 W COMMERCIAL BLVD., SUITE 101  
FT LAUDERDALE, FL 33309 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: D ( ) Delete  
Name: MILLER, ROBIN E  
Address: 2000 W COMMERCIAL BLVD, STE 101  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: DAVIS, PATRICIA,  
Address: 6915 ALMANSA ST.  
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete  
Name: MCAULIFFE, JOHN A MD  
Address: 19060 N.E. 21 AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

SIGNATURE: ROBIN E. MILLER

D

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date