

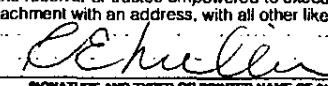


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

| | | |
|--|--|--|
| DOCUMENT # N08380 | |  |
| 1. Entity Name FLORIDA HAND SOCIETY, INC. | | |
| Principal Place of Business 2000 W COMMERCIAL BLVD., SUITE 101 FT. LAUDERDALE, FL 33309-3060 | | Mailing Address 2000 W COMMERCIAL BLVD., SUITE 101 FT. LAUDERDALE, FL 33309-3060 |
| DO NOT WRITE IN THIS SPACE | | |
|  | | |
| 01172008 No Chg-NP CR2E037 (4/06) | | |
| 4. FEI Number 59-2538137 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| MILLER, ROBIN E 2000 W COMMERCIAL BLVD., SUITE 101 FT LAUDERDALE, FL 33309 | | DO NOT WRITE IN THIS SPACE |
| 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 re-registering) DATE _____ | | |
| 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 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, ROBIN E 2000 W COMMERCIAL BLVD, STE 101 FORT LAUDERDALE, FL 33309 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, PATRICIA 6915 ALMANSA ST. CORAL GABLES, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCAULIFFE, JOHN A MD 19060 N.E. 21 AVENUE NORTH MIAMI BEACH, FL 33179 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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:  | | 1-18-08 954-351-0511 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |