

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12000006740

FILED
Jul 31, 2014
Secretary of State

Entity Name: OPEN HANDS HEALTH CENTER, INC.

Current Principal Place of Business:

401 SW 4TH ST
OKEECHOBEE, FL 34974

New Principal Place of Business:

105 NW 6TH ST
OKEECHOBEE, FL 34974

Current Mailing Address:

401 SW 4TH ST
OKEECHOBEE, FL 34974

New Mailing Address:

105 NW 6TH ST
OKEECHOBEE, FL 34974

FEI Number: 45-2952365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALLEY, NICOLE
401 SW 4TH ST
OKEECHOBEE, FL 34974 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: NICOLE TALLEY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: TALLEY, NICOLE
Address: 255 SE 16TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD
Name: KELLY, SONJA
Address: 105 NW 6TH ST
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: PRIEST, MARIA
Address: 1277 SW 181TH TERR
City-St-Zip: OKEECHOBEE, FL 34974

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: SONJA KELLY

VP

07/31/2014

Electronic Signature of Signing Officer or Director

Date