

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90238 025 ***150.00

DOCUMENT # P00000091036

1. Entity Name
HELPING HANDS MEDICAL, INC.



Principal Place of Business

1320 JOHN YOUNG PKWY
KISSIMMEE, FL 34741

Mailing Address

655 WILMA STREET
#103
LONGWOOD, FL 32750 US

DO NOT WRITE IN THIS SPACE

90000 -



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3675839	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MARTINEZ, MIQUEL A JR
998 STONEWOOD LANE
MAITLAND, FL 32751

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, MIGUEL A JR 998 STONEWOOD LANE MAITLAND, FL 32751
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, SILVIA 998 STONEWOOD LANE MAITLAND, FL 32751
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, ALEXIS 998 STONEWOOD LANE MAITLAND, FL 32751
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.07.

Date

Daytime Phone #