

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1472

FILED

05 AUG -2 PM 12:10

SECRET
TALLAHASSEE, FLORIDA



00262005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0600331** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P04000009769

1. Entity Name
GENTLE HANDS NURSING, INC

Principal Place of Business
**931 E 27 ST
HIALEAH, FL 33013**

Mailing Address
**931 E 27 ST
HIALEAH, FL 33013**

2. Principal Place of Business
298 E 16 ST

3. Mailing Address
Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State
STATE

Zip
33010

Country
OKA OADE

Zip
Country

6. Name and Address of Current Registered Agent

FRY, ENEIDA
931 E 27 ST
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name
ENEIDA FRY

Street Address (P.O. Box Number is Not Acceptable)
298 E 16 ST

City
HIALEAH

FL Zip Code
33010

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]* (NOTE: Registered Agent signature required when renaming) DATE

FILE NOW! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FRY, ENEIDA 298 E 16 ST 931 E 27 ST HIALEAH, FL 33013 HIALEAH FL 33010	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* (786) 443-6283

Signature and typed or printed name of signing officer or director

Date Daytime Phone

202

Miami August 1, 2005

Florida Dept of State
Tallahassee, Fl

Re: P 04000009769
Gentle Hands Nursing Inc


Gentlemen:

We found out today that our Corporation Annual Report was not filed since we did not received your Report on account of us moving at the end of the year 2004.

Our new address is 298 E 16 St Hialeah, Fl 33010.
We respectfully request from you to file this report for us and at the same time waive any penalties we might have incurred which will be a burden for us since our is a new business and a very small too.

Thank you very much for your help.

Very truly yours,


Eneida, President
Gentle Hands Nursing Inc