

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083361

FILED
Apr 28, 2009
Secretary of State

Entity Name: HEALING HANDS OF SARASOTA, INC.

Current Principal Place of Business:

5039 BROOKMEADE DR.
SARASOTA, FL 34232

New Principal Place of Business:

5050 BROOKMEADE DR.
SARASOTA, FL 34232

Current Mailing Address:

5039 BROOKMEADE DR.
SARASOTA, FL 34232

New Mailing Address:

5050 BROOKMEADE DR.
SARASOTA, FL 34232

FEI Number: 20-1186173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLAK, ANN C
5039 BROOKMEADE DR.
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

PALMER, BRIAN
2937 BEE RIDGE RD.
SUITE 2
SARASOTA, FL 34239 US

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: BRIAN PALMER

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLLAK, ANN C
Address: 5030 BROOKMEADE DR.
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POLLAK, ANN C
Address: 5050 BROOKMEADE DR.
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN C. POLLAK

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date