

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124976

FILED
Jan 20, 2010
Secretary of State

Entity Name: HEALING HANDS PHYSICAL THERAPY, INC.

Current Principal Place of Business:

7367 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

7367 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: 20-1576153 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MANODOM-MISLAY, PACITA M
18642 WHITE PINE CIRCLE
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

MANODOM-MISLAY, PACITA M
5094 KIRKWOOD AVE
SPRING HILL, FL 34608 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: _____

Electronic Signature of Registered Agent

01/20/2010

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MANODOM-MISLAY, PACITA M
Address: 5094 KIRKWOOD AVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: S, T
Name: MANODOM-MISLAY, PACITA M
Address: 5094 KIRKWOOD AVE
City-St-Zip: SPRING HILL, FL 34608 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PACITA MANODOM-MISLAY

P

01/20/2010

Electronic Signature of Signing Officer or Director

Date