

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150109

FILED  
May 01, 2008  
Secretary of State

Entity Name: HELPING HAND COMMUNITY MENTAL HEALTH CENTER INC.

## Current Principal Place of Business:

1499 FOREST HILL BLVD.  
119  
WEST PALM BEACH, FL 33406

## New Principal Place of Business:

419 NORTH DIXIE HIGHWAY  
LAKE WORTH, FL 33460

## Current Mailing Address:

1499 FOREST HILL BLVD.  
119  
WEST PALM BEACH, FL 33406

## New Mailing Address:

419 NORTH DIXIE HIGHWAY  
LAKE WORTH, FL 33460

FEI Number: 38-3710677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORTIZ, MARIA I  
3527 NE 168TH ST.  
401  
NORTH MIAMI BEACH, FL 33160 US

## Name and Address of New Registered Agent:

ORTIZ, MARIA I  
3230 LOWSON BLVD  
DELRAY BEACH, FL 33445 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: MARIA I. ORTIZ

05/01/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ORTIZ, MARIA I  
Address: 3527 NE 168TH ST., APT.#401  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ORTIZ, MARIA I  
Address: 3230 LOWSON BLVD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Change (X) Addition  
Name: DICKEY, JOHN L  
Address: 3230 LOWSON BLVD  
City-St-Zip: DELRAY BEACH, FL 33445

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: MARIA I. ORTIZ

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date