

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033678

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** HELPING HANDS HOME CARE, INC.

**Current Principal Place of Business:**

1805 SE 16TH AVE. UNIT #601  
OCALA, FL 34471

**New Principal Place of Business:**

1805 SE 16TH AVE. UNIT #601  
OCALA, FL 34471 UN

**Current Mailing Address:**

16039 TERNGLADE DR  
LITHIA, FL 33547

**New Mailing Address:**

1805 SE 16TH AVE. UNIT #601  
OCALA, FL 34471 UN

**FEI Number:** 20-2445659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KIMBLE, DENNIS W  
16039 TERNGLADE DR  
LITHIA, FL 33547 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KIMBLE, DENNIS W  
Address: 16039 TERNGLADE DR  
City-St-Zip: LITHIA, FL 33547 US

Title: P  
Name: MANOHAR, VISWASAN J  
Address: 834 SE 36TH LANE  
City-St-Zip: OCALA, FL 34471 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: DENNIS KIMBLE

CO-P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date