

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032116

FILED
May 01, 2010
Secretary of State

Entity Name: CARING HANDS HEALTH SERVICES, INC.

Current Principal Place of Business:

400 SW 107 AVE., SUITE 403
MIAMI, FL 33174

New Principal Place of Business:

8856 NW 168 LANE
MIAMI LAKES, FL 33018

Current Mailing Address:

400 SW 107 AVE., SUITE 403
MIAMI, FL 33174

New Mailing Address:

8856 NW 168 LANE
MIAMI LAKES, FL 33018

FEI Number: 20-4785070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRER, OFELIA M
400 SW 107 AVENUE, SUITE 403
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

FERRER, OFELIA M
8856 NW 168 LANE
MIAMI LAKES, FL 33018 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

05/01/2010

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: PD
Name: FERRER, OFELIA M
Address: 8856 NW 168 LANE
City-St-Zip: MIAMI LAKES, FL 33018

Title: VP
Name: FERRER, FRANK
Address: 8856 NW 168 LANE
City-St-Zip: MIAMI LAKES, FL 33018

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: FRANK FERRER

Electronic Signature of Signing Officer or Director

VP

05/01/2010

Date