2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# P06000067292

Entity Name: HELPING HANDS OCCUPATIONAL THERAPY, INC.

Current Principal Place of Business:

7111 LAKE WORTH RD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7111 LAKE WORTH RD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-4892589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUFF, ROBYN I PRES
7111 LAKE WORTH RD
LAKE WORTH, FL 33467 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: ROBYN HUFF

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HUFF, ROBYN I
Address: 17493 48TH COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33467

Title: S ( ) Delete
Name: SALADINO, SUSAN
Address: 8814 PINTO DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBYN HUFF PRES 10/16/2009

Electronic Signature of Signing Officer or Director — Date