

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114639

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: HEALING HANDS HOME HEALTH CARE, INC.

## Current Principal Place of Business:

8181 NW 36 STREET  
SUITE 1011  
MIAMI, FL 33166 US

## New Principal Place of Business:

## Current Mailing Address:

8181 NW 36 STREET  
SUITE 1011  
MIAMI, FL 33166 US

## New Mailing Address:

FEI Number: 26-1255377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RADEL, MARIELLA  
8181 NW 36 STREET  
SUITE 1011  
MIAMI, FL 33166 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARRERO, CALIZ  
Address: 8181 NW 36 STREET UNIT 1011  
City-St-Zip: MIAMI, FL 33166

Title: VP ( ) Delete  
Name: RADEL, MARIELLA  
Address: 8181 NW 36 ST UNIT 1011  
City-St-Zip: MIAMI, FL 33166

Title: T ( ) Delete  
Name: VASALLO, EVIS E  
Address: 8181 NW 36 ST UNIT 1011  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIELLA RADEL

VP

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date