

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114639

FILED  
May 03, 2010  
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

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  
Name: MARRERO, CALIZ  
Address: 8181 NW 36 STREET UNIT 1011  
City-St-Zip: MIAMI, FL 33166

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

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: MARIELLA RADEL

VP

05/03/2010

Electronic Signature of Signing Officer or Director

Date