

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000108462

FILED
Aug 06, 2010
Secretary of State

Entity Name: HEALING HANDS HEALTH CARE, INC

Current Principal Place of Business:

1711 WEST 38 PLACE #1107B
HIALEAH, FL 33012

New Principal Place of Business:

11117 WEST OKEECHOBEE RD
HIALEAH GARDENS, FL 33018

Current Mailing Address:

1711 WEST 38 PLACE #1107B
HIALEAH, FL 33012

New Mailing Address:

11117 WEST OKEECHOBEE RD
HIALEAH GARDENS, FL 33018

FEI Number: 26-3861904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORION, ZULUAN
1711 WEST 38 PLACE #1107B
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

BARRIENTOS, CRUZ E
11117 WEST OKEECHOBEE RD
HIALEAH GARDENS, 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: CRUZ ELENA BARRIENTOS

08/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BARRIENTOS, CRUZ E
Address: 11117 WEST OKEECHOBEE RD
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VP
Name: HINESTROSA, PILAR
Address: 11117 WEST OKEECHOBEE RD
City-St-Zip: HIALEAH GARDENS, 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: CRUZ ELENA BARRIENTOS

P

08/06/2010

Electronic Signature of Signing Officer or Director

Date