

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000006622

FILED
Mar 09, 2011
Secretary of State

Entity Name: HELPING HANDS ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

913 ALECON DR.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

913 ALECON DR.
ORLANDO, FL 32808

New Mailing Address:

2548 SUMMER GLEN DRIVE
ORLANDO, FL 32818

FEI Number: 30-0529246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFERRIERE, LEONIE
913 ALECON DR.
ORLANDO, FL 32808 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

OFFICERS AND DIRECTORS:

Title: D
Name: LAFERRIERE, LEONIE
Address: 913 ALECON DR.
City-St-Zip: ORLANDO, FL 32808

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: LEONIE LAFERRIERE

D

03/09/2011

Electronic Signature of Signing Officer or Director

Date