

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000032880

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** HOLY HANDS ASSISTED LIVING AND CARE SERVICES INC.

**Current Principal Place of Business:**

815 WEST DAUGHTERY ROAD  
LAKELAND, FL 33809 US

**New Principal Place of Business:**

1539 EAST MEMORIAL BLVD  
LAKELAND, FL 33801 US

**Current Mailing Address:**

747 BON AIR ST.  
LAKELAND, FL 33805 US

**New Mailing Address:**

**FEI Number:** 26-4649442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REMO, ARMANDO G  
4402 N. MELTON AVENUE  
SUITE 106-108  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

REMO, ARMANDO G  
11350 66TH ST  
SUITE 105  
TAMPA, FL 33773 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:

Electronic Signature of Registered Agent

04/14/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GASMENA, PIER A  
Address: 747 BON AIR ST.  
City-St-Zip: LAKELAND, FL 33805

Title: VP  
Name: GASMENA, JEFFREY S  
Address: 747 BON AIR ST.  
City-St-Zip: LAKELAND, FL 33805 US

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: PIER GASMENA

P

04/14/2010

Electronic Signature of Signing Officer or Director

Date