2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 16, 2011
Secretary of State

DOCUMENT# P09000032880

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

Current Principal Place of Business:

1539 EAST MEMORIAL BLVD
LAKELAND, FL 33801 US

New Principal Place of Business:

747 BON AIR STREET
LAKELAND, FL 33805 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:

JUN REMO CFO INC
8706 MAPLE LAKE PL
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

SWEAT & OLSON, P.A.
2018 S FLORIDA AVE
LAKELAND, FL 33803 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: WILLIAM A SWEAT 08/16/2011
Electronic Signature of Registered Agent Date

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 A GASMENA P 08/16/2011
Electronic Signature of Signing Officer or Director Date