

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000057470

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

**Entity Name:** HEALING HANDS MEDICAL, INC.

**Current Principal Place of Business:**

700 PINE DR  
APT 104  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

700 PINE DR  
APT 104  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

**FEI Number:** 27-0548002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

DUBROW DUKER & ASSOCIATES, P.A.  
5401 N. UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33067 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: STEVEN D. DUKER

06/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GERTHOFFER, SHARON M  
Address: 700 PINE DR APT 104  
City-St-Zip: POMPANO BEACH, FL 33060 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: SHARON M. GERTHOFFER

P

06/16/2010

Electronic Signature of Signing Officer or Director

Date