

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000101999

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** GOOD HANDS MEDICAL CENTER INC

**Current Principal Place of Business:**

13681 SW 28 TERR  
MIAMI, FL 33175

**New Principal Place of Business:**

4155 SW 130 AVE  
205  
MIAMI, FL 33175

**Current Mailing Address:**

13681 SW 28 TERR  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 45-3848573      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

VALDES, MAYLIN  
13681 SW 28 TERR  
MIAMI, FL 33175    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: P  
Name: VALDES, MAYLIN LMT  
Address: 13681 SW 28 TERR  
City-St-Zip: MIAMI, FL 33175

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: MAYLIN VALDES

P

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date