

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000019005

FILED
Mar 30, 2009
Secretary of State

Entity Name: HELPING HANDS HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

6030 WASHINGTON STREET
SUITE 1
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

6030 WASHINGTON STREET
SUITE 1
HOLLYWOOD, FL 33023 US

New Mailing Address:

FEI Number: 65-0395492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GADBOIS, DOREEN
6126 S.W. 31ST. STREET
MIRAMAR, FL 33023 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: GABOIS, DOREEN L
Address: 6126 S.W. 31ST STREET
City-St-Zip: MIRAMAR, FL

Title: VDST () Delete
Name: QUINN, BETTE L.
Address: 7181 S.W. 9TH STREET
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: GADBOIS, DOREEN L
Address: 6126 S.W. 31ST STREET
City-St-Zip: MIRAMAR, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DOREEN GADBOIS

ADM

03/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date