

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085300 (0)

1. Corporation Name

GENTLE HANDS HEALTH CARE SERVICES, CORP.



Principal Place of Business

931A S.W. 87TH AVE.
STE. #A
MIAMI FL 33174
US

Mailing Address

931A S.W. 87TH AVE.
STE. #A
MIAMI FL 33174
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/08/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0452728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

HERNANDEZ, JORCANO GISELA
931A S.W. 97TH AVE.
STE. #A
MIAMI FL 33174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0307 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is authorized to sign this statement

Signature of Registered Agent or authorized officer

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

12. TITLE

PDS
HERNANDEZ-JORCANO, GISELA
8325 GRAND CANAL DR.
MIAMI FL 33144

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-STATE-ZIP

13. TITLE

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

16 NAME

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30 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the authorized officer or the authorized agent as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 (805)
265-4610
Date Filed

CR2E034 (12/95)