2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000085300

FILED Apr 22, 2005 Secretary of State

Entity Name: GENTLE HANDS HEALTH CARE SERVICES, CORP.

Current Principal Place of Business: 8840 SW 40 ST 212 MIAMI, FL 33126 US Current Mailing Address: 8840 SW 40 ST 212 MIAMI, FL 33126 US Current Mailing Address: 8840 SW 40 ST 212 MIAMI, FL 33126 US FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ, JIMMY 8840 SW 40 ST SUITE 212 MIAMI, FL 33126 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: Electronic Signature of Registered Agent Date Electron Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO! Title: PSD () Delete Name: DIAZ, JIMMY Address: 6840 SW 40 STREET, SUITE 212 City-St-Zip: MIAMI, FL 33126 US Title: VD () Delete Title: () Change () Addition Name: Address: 6840 SW 40 STREET, SUITE 212 City-St-Zip: MIAMI, FL 33126 US City-St-Zip: MIAMI, FL 33126 US City-St-Zip: MIAMI, FL 33126 US City-St-Zip: MIAMI, FL 33128 US						
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	Address:	DIAZ, JIMMY 6840 SW 40 S	TREET, SUITE 212	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIMMY DIAZ P 04/22/2005