2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90450 014 ***163.75

DOCUMENT # P93000085300

1. Entity Name
GENTLE HANDS HEALTH CARE SERVICES, CORP.

Principal Place of Business	Mailing Address
5040 NW 7TH STREET	5040 NW 7TH STREET
#820	#820
MIAMI FL 33126	MIAMI FL 33126
US	US

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6840 S.W. 40 Street	6840 S.W. 40 Street
Suite, Apt. #, etc. 212	Suite, Apt. #, etc. 212
City & State MIAMI	City & State MIAMI, FL
Zip FL 33155 Country Dade	Zip 33155 Country Dade

4. FEI Number 65-0452728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JORCANO GISELA
5040 N.W. 7TH ST
#820
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name HERNANDEZ, JORCANO GISELA
Street Address (P.O. Box Number is Not Acceptable) 6840 S.W. 40 Street Suite 212.
City MIAMI FL Zip Code 33155

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gisela Hernandez Jorcano 1-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. X **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS HERNANDEZ-JORCANO, GISELA 5410 S.W. 87 AVE MIAMI FL 33165	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT HERNANDEZ-JORCANO, DAVID 5410 S.W. 87 AVE MIAMI FL 33165	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-7-03 (305) 6630886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #