FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:17

DOCUMENT # **P94000022518 (2)**

1. Corporation Name
HEALING HANDS HOME HEALTH, INC.

Principal Place of Business	Mailing Address
215 N FEDERAL HWY SUITE 6-A/6-B BOCA RATON FL 33432	215 N FEDERAL HWY SUITE 6-A/6-B BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 215 N FEDERAL HWY	26 215 FEDERAL HWY
Suite, Apt. #, etc. 22 SUITE 4-a/4-f	Suite, Apt. #, etc. 27 SUITE 4-a/4-f
City & State 23 BOCA RATON FLORDIA	City & State 28 BOCA RATON FLORIDA
Zip / Country 24 33432 / 25 USA	Zip / Country 29 33432 / 30 USA

4. FEI Number: 65-0479902 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, JOHN S 215 N FEDERAL HWY SUITE 6-A/6-B BOCA RATON FL 33432	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 607.0502 and 607.1508, 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: JOHN S.SMITH, (If New Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	V.P ☐ Change ☒ Addition
NAME	SMITH, JOHN S	12 NAME	SMITH,ESTHER DENISE
STREET ADDRESS	925 NE 209TH ST UNIT 201	13 STREET ADDRESS	925 NE 209TH ST #201
CITY-ST-ZIP	BOCA RATON FL 33179	14 CITY-ST-ZIP	NORTH MIAMI BCH 33179
		21 TITLE	PRESIDENT ☒ Change ☐ Addition
		22 NAME	SMITH,JOHN S
		23 STREET ADDRESS	925 NE 209TH ST #201
		24 CITY-ST-ZIP	NORTH MIAMI BCH 33179
		31 TITLE	☐ Change ☐ Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
		41 TITLE	☐ Change ☐ Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	☐ Change ☐ Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	☐ Change ☐ Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I declare I certify that the information supplied with this report is 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN S.SMITH, 2/10/95 (305) 652-8025
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (DATE) (DAYTIME TELEPHONE NUMBER)

0280037 CP