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

FILED
May 29 1996 8:00 am
Secretary of State

DOCUMENT # **P94000037501 (1)**

1. Corporation Name

GOLDEN HANDS HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
330 SW 27TH AVE. STE. 306 MIAMI FL 33135	330 SW 27TH AVE. STE. 306 MIAMI FL 33135

2. Principal Place of Business	2a. Mailing Address
21 8966 SW 87 CT	26 8966 SW 87 CT
Suite, Apt. #, etc. 22 SUITE 25	Suite, Apt. #, etc. 27 SUITE 25
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33176 Country 25	Zip 29 33176 Country 30

3. Date Incorporated or Qualified: 05/18/1994

3a. Date of Last Report: 11/13/1995

4. FEI Number: [redacted] 65-0630135 — 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

SANTANA, MILAGRO
330 SW 27TH ST.
STE. 306
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: Milagros Santana
82 Street Address (P.O. Box Number is Not Acceptable): 8966 SW 87 CT
83 #25
84 City: Miami FL 85 Zip Code: 33176

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 ______________________ DATE ________

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SANTANA, MILAGRO	
STREET ADDRESS	330 SW 27TH ST., STE. 306	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		☐ DELETE
NAME	SANTANA, MILAGROS	
STREET ADDRESS	8966 SW 87 CT #25	
CITY-ST-ZIP	Miami, Fl 33176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: [signature] 5/30/96 273-3703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #