

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90037 021 ***150.00

DOCUMENT # P99000040677

1. Entity Name

HELPING HAND MEDICAID SERVICES, INC.

Principal Place of Business

**3800 WEST BROWARD BOULEVARD
 PLANTATION FL 33312**

Mailing Address

**3800 WEST BROWARD BOULEVARD
 PLANTATION FL 33312**

2. Principal Place of Business

4100 S. Hospital Drive

3. Mailing Address

Suite, Apt. #, etc.

204

City & State

Plantation

City & State

33317

Country

USA

Zip

Country

4. FEI Number

65-0724853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Vanessa Wright

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

4100 S. Hospital Drive #204

City

Plantation

FL

Zip Code

33317

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/01/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **WRIGHT, VANESSA** ☒ Delete
 NAME
 STREET ADDRESS **2800 W. BROWARD BLVD**
 CITY-ST-ZIP **PLANTATION FL**

TITLE ☒ **Vienna Whorley** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3800 W. Broward Blvd.**
 CITY-ST-ZIP **Plantation, FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/01/01 (954) 587-0015

CR2E034 (10/00)