

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000040677

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: HELPING HAND MEDICAID SERVICES, INC.

Current Principal Place of Business:

4100 S HOSPITAL DR
204
FORT LAUDERDALE, FL 33317

Current Mailing Address:

4100 S HOSPITAL DR
204
FORT LAUDERDALE, FL 33317

New Principal Place of Business:

4100 S. HOSPITAL DRIVE
SUITE 204
PLANTATION, FL 33317

New Mailing Address:

4100 S HOSPITAL DRIVE
SUITE 204
PLANTATION, FL 33317

FEI Number: 65-0724853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, VANESSA
4100 S HOSPITAL DR 204
PLANTATION, FL 33312 US

Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WHORLEY, VIENNA
Address: 3800 W BROWARD BV
City-St-Zip: PLANTATION, FL 33312

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FREEMAN, VIENNA
Address: 4100 S HOSPITAL DRIVE SUITE 204
City-St-Zip: PLANTATION, FL 33317

Title: VP () Change (X) Addition
Name: FREEMAN, ROGER
Address: 4100 S. HOSPITAL DRIVE SUITE 204
City-St-Zip: PLANTATION, FL 33317

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: ROGER FREEMAN

VP

04/26/2002

Electronic Signature of Signing Officer or Director

Date