

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000070833

FILED
Jul 20, 2007
Secretary of State**Entity Name:** HAND IN HAND GERIATRIC CARE MANAGEMENT, INC.**Current Principal Place of Business:**495 ROBERT RD.
JACKSONVILLE, FL 32259**New Principal Place of Business:****Current Mailing Address:**445 BARTRAM SCENIC HWY., #337
JACKSONVILLE, FL 32259**New Mailing Address:****FEI Number:** 65-0945380**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VOCKELL, FRANK WILLIAM
495 ROBERT RD.
JACKSONVILLE, FL 32259 US**Name and Address of New Registered Agent:**VOCKELL, SONIA
495 ROBERT RD.
JACKSONVILLE, FL 32259 US

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: SONIA VOCKELL

07/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: VOCKELL, SONIA S
Address: 495 ROBERTS RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: VT (X) Delete
Name: VOCKELL, FRANK W
Address: 495 ROBERTS RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: ALLEN, NANCY E
Address: 30 SAILFISH DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SONIA VOCKELL

PRES

07/20/2007

Electronic Signature of Signing Officer or Director

Date