

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000003713

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC4739451456**

**Entity Name:** AMERICA'S HELPING HAND INCORPORATED

**Current Principal Place of Business:**

18928 N. DALE MABRY HWY  
SUITE 101  
LUTZ, FL 33548

**Current Mailing Address:**

18928 N. DALE MABRY HWY  
SUITE 101  
LUTZ, FL 33548

**FEI Number:** 46-2763811

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUNMED PRIMARY CARE  
18928 N. DALE MABRY HWY  
SUITE 101  
LUTZ, FL 33548 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CHOKSI, TARAK S  
Address 18928 N. DALE MABRY HWY SUITE  
101  
City-State-Zip: LUTZ FL 33548

Title VP  
Name PATEL, PRITESH N  
Address 18928 N. DALE MABRY HWY SUITE  
101  
City-State-Zip: LUTZ FL 33548

Title DIR  
Name CHOKSI, TARAK  
Address 18928 N. DALE MABRY HWY, SUITE  
101  
City-State-Zip: LUTZ FL 33548

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TARAK CHOKSI

**DIRECTOR**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date