

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037158

Entity Name: QUALITY HANDS ON THERAPY, INC.

Current Principal Place of Business:

1127 E NORTH BLVD
LEESBURG, FL 34748

Current Mailing Address:

1127 E NORTH BLVD
LEESBURG, FL 34748

FEI Number: 45-0472788

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BULL, SCOTTIE
1331 DEERFOOT ROAD
DELAND, FL 32720 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 T	Title	VS
Name	BULL, SCOTTIE	Name	VERGAUWEN, WIM
Address	1331 DEERFOOT ROAD	Address	103 SWEETWATER BLVD NORTH
City-State-Zip:	DELAND FL 32720	City-State-Zip:	LONGWOOD FL 32779

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

SIGNATURE: SCOTTIE BULL

PRES

01/20/2013

Electronic Signature of Signing Officer/Director Detail

Date