2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2025
Secretary of State
0303771991CC

DOCUMENT# L07000109763

Entity Name: H2 REHABILITATION SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

484 RIVERSIDE AVE.
JACKSONVILLE, FL 32202

Current Mailing Address:

484 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 US

FEI Number: 59-2504386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET
SUITE 4
TALLAHASSEE, FL 32301 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: ERIC HOOD, ASSISTANT SECRETARY 04/24/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	SOLE MEMBER	Title	CFO
Name	H2 HOLDCO, INC.	Name	HUGHES, TIMOTHY
Address	484 RIVERSIDE AVE.	Address	484 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	PRESIDENT & SECRETARY	Title	COO
Name	SANSONE, GUY	Name	ADAMS, CHRISTINE
Address	484 RIVERSIDE AVE.	Address	484 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	VP	Title	VP
Name	STREETER, AMANDA	Name	BULEY, LANA
Address	484 RIVERSIDE AVE.	Address	484 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY HUGHES CFO 04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date