

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000234356

Entity Name: HN1 THERAPY NETWORK OF NORTH CAROLINA, LLC

Current Principal Place of Business:

2001 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316

Current Mailing Address:

2001 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316 US

FEI Number: 35-2644156

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, ALBERTO A
2001 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316 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

Authorized Person(s) Detail :

Title CEO
Name MOSQUERA, LUIS G
Address 2001 SOUTH ANDREWS AVENUE
City-State-Zip: FORT LAUDERDALE FL 33316

Title PRESIDENT
Name BILOWICH, MARTIN E
Address 2001 SOUTH ANDREWS AVENUE
City-State-Zip: FORT LAUDERDALE FL 33316

Title ASST. SECRETARY
Name LEAHY, ROBERT J
Address 2001 SOUTH ANDREWS AVENUE
City-State-Zip: FORT LAUDERDALE FL 33316

Title SECRETARY
Name RODRIGUEZ, ALBERTO A
Address 2001 SOUTH ANDREWS AVENUE
City-State-Zip: FORT LAUDERDALE FL 33316

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: ALBERTO RODRIGUEZ

SECRETARY

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date