

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000244560

Entity Name: HORIZONS THERAPY SERVICES, LLC

Current Principal Place of Business:

11066 SUSPENSE DRIVE
WINTER GARDEN, FL 34787

Current Mailing Address:

11066 SUSPENSE DRIVE
WINTER GARDEN, FL 34787

FEI Number: 83-2256559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAVRE, BILL
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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 MGR
Name MONTEIRO, LYNN
Address 11066 SUSPENSE DRIVE
City-State-Zip: WINTER GARDEN FL 34787

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: LYNN MONTEIRO

MGR

06/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date