

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000244560

Entity Name: HORIZONS THERAPY SERVICES, LLC

Current Principal Place of Business:

1065 TILDENVILLE SCHOOL RD
WINTER GARDEN, FL 34787

Current Mailing Address:

5621 ORANGE ORCHARD DRIVE
WINTER GARDEN, FL 34787 US

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	Title	AUTHORIZED REPRESENTATIVE
Name	MONTEIRO, LYNN	Name	MONTEIRO, EDUARDO
Address	5621 ORANGE ORCHARD DRIVE	Address	5621 ORANGE ORCHARD DRIVE
City-State-Zip:	WINTER GARDEN FL 34787	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

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date