

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055817

FILED
Jan 16, 2009
Secretary of State

Entity Name: HANDS ON HEALTHCARE, LLC

Current Principal Place of Business:

2350 WEST OAKLAND PARK BOULEVARD
SUITE 650
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2350 WEST OAKLAND PARK BOULEVARD
SUITE 650
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 20-5006883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHHOLZ, JAN S DC
2350 WEST OAKLAND PARK BOULEVARD
SUITE 650
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: OWNR () Delete
Name: BUCHHOLZ, JAN
Address: 2350 WEST OAKLAND PARK BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OWNR () Change (X) Addition
Name: FISHMAN, LARRY
Address: 2350 WEST OAKLAND PARK BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DR JAN BUCHHOLZ, DC

OWNR

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date