

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000109670

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** THERAPEUTIC HANDS OF STEELE, LLC

**Current Principal Place of Business:**

4625 HALDER LN  
B  
ORLANDO, FL 32814

**New Principal Place of Business:**

890 STIRLING DR  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

4625 HALDER LN  
B  
ORLANDO, FL 32814

**New Mailing Address:**

890 STIRLING DR  
WINTER SPRINGS, FL 32708

**FEI Number:** 20-5881715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CYNTHIA, STEELE A  
890 STIRLING DR  
WINTER SPRINGS, FL 32708 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: MGRM  
Name: CYNTHIA, STEELE A  
Address: 890 STIRLING DR  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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: CYNTHIA A STEELE

MS

04/11/2012

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