

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012960

FILED
Jan 22, 2012
Secretary of State

Entity Name: HANDS ON REHABILITATION LLC

Current Principal Place of Business:

21514 CORMORANT COVE DR.
LAND O LAKES, FL 34637

New Principal Place of Business:

Current Mailing Address:

21514 CORMORANT COVE DR.
LAND O LAKES, FL 34637

New Mailing Address:

FEI Number: 22-3975561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENNESSY, KATHLEEN
21514 CORMORANT COVE DR.
LAND O LAKES, FL 34637 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: MGR
Name: HENNESSY, KATHLEEN
Address: 21514 CORMORANT COVE DR.
City-St-Zip: LAND O LAKES, FL 34637

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: KATHLEEN HENNESSY

DPT

01/22/2012

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