2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HANDS ON HEALTH MANUAL AND PHYSICIAL THERAPY SERVICES, LLC

Current Principal Place of Business:

31790 STATE ROUTE 19 NORTH, SUITE 80
PALM HARBOR, FL 34684

New Principal Place of Business:

2595 TAMPA RD
SUITE Q
PALM HARBOR, FL 34684

Current Mailing Address:

31790 STATE ROUTE 19 NORTH, SUITE 80
PALM HARBOR, FL 34684

New Mailing Address:

525 NORTHVIEW LANE
HOFFMAN ESTATES, IL 60169

FEI Number: 30-0510677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RILEY, STEVEN P ESQ.
4805 W. LAUREL ST. SUITE 230
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

JOSEPH KUPISZEWSKI, CAROLE SUZANNE
2595 TAMPA ROAD
SUITE Q
PALM HARBOR, FL 34684 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: CAROLE SUZANNE JOSEPH KUPISZEWSKI 03/22/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JOSEPH KUPISZEWSKI, CAROLE SUZANNE
Address: 2595 TAMPA ROAD-SUITE Q
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR
Name: JOSEPH KUPISZEWSKI, CAROLE SUZANNE
Address: 525 NORTHVIEW LANE
City-St-Zip: HOFFMAN ESATES, IL 60169

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 Statues.

SIGNATURE: CAROLE SUZANNE JOSEPH KUPISZEWSKI MGR 03/22/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date