2011 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:

2595 TAMPA RD
SUITE Q
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

525 NORTHVIEW LANE
HOFFMAN ESTATES, IL 60169

New Mailing Address:

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

Name and Address of Current Registered Agent:

JOSEPH KUPISZEWSKI, CAROLE SUZANNE
2595 TAMPA ROAD
SUITE Q
PALM HARBOR, FL 34684 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: 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 04/19/2011

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