

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000085058

FILED  
Apr 18, 2012  
Secretary of State

Entity Name: HN1 THERAPY NETWORK, LLC

**Current Principal Place of Business:**

801 EAST HALLANDALE BEACH BLVD.  
SUITE 200  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 EAST HALLANDALE BEACH BLVD.  
SUITE 200  
HALLANDALE, FL 33009 US

**New Mailing Address:**

FEI Number: 27-1964213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RODRIGUEZ, ALBERTO A  
801 EAST HALLANDALE BEACH BLVD.  
SUITE 200  
HALLANDALE, FL 33009 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: RODRIGUEZ, ALBERTO A  
Address: 801 E. HALLANDALE BEACH BLVD., SUITE 200  
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGR  
Name: BILOWICH, MARTIN  
Address: 801 E. HALLANDALE BEACH BLVD., SUITE 200  
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGR  
Name: LEAHY, ROBERT  
Address: 801 E. HALLANDALE BEACH BLVD., SUITE 200  
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGR  
Name: MOSQUERA, LUIS  
Address: 801 E. HALLANDALE BEACH BLVD., SUITE 200  
City-St-Zip: HALLANDALE, FL 33009 US

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: ALBERTO A. RODRIGUEZ

MGR

04/18/2012

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