

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000150130

**Entity Name:** HANDS ON HEALTH PT, INC.

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

602 17TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

602 17TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 20-1820056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, MARY KAY  
602 17TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HALL, MARY KAY  
Address: 602 17TH STREET NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARYKAY HALL

OWNE

04/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date