

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20200

Entity Name: HAND REHABILITATION SPECIALIST, INC.

Current Principal Place of Business:

2061 NW BOCA RATON BLVD,
SUITE 106
BOCA RATON, FL 33431

Current Mailing Address:

2061 NW BOCA RATON BLVD,
SUITE 106
BOCA RATON, FL 33431 US

FEI Number: 65-0151562

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUSTIN, DEBORAH
2061 NW BOCA RATON BLVD
SUITE 106
BOCA RATON, FL 33431 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PVD
Name AUSTIN, DEBORAH
Address 2061 NW BOCA RATON BLVD,
SUITE 106
City-State-Zip: BOCA RATON FL 33431

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: DEBORAH AUSTIN

PVD

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date