

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006068

Entity Name: MY HANDS MY FEET PHYSICAL THERAPY, INC.

Current Principal Place of Business:

365 WOOD DOVE AVE.
TARPON SPRINGS, FL 34689

Current Mailing Address:

365 WOOD DOVE AVE.
TARPON SPRINGS, FL 34689

FEI Number: 55-0814450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORENO, REGINALDO P
365 WOOD DOVE AVE.
TARPON SPRINGS, FL 34689 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 P
Name MORENO, REGINALDO P
Address 365 WOOD DOVE AVE.
City-State-Zip: TARPON SPRINGS FL 34689

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: REGINALDO P. MORENO

PRESIDENT / OWNER

04/30/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date