

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000038291

**Entity Name:** HL THERAPY SERVICES INC

**Current Principal Place of Business:**

281 SW 95 TERRACE  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

281 SW 95 TERRACE  
PEMBROKE PINES, FL 33025

**FEI Number:** 81-2528666

**Certificate of Status Desired:** No

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

LUIS, HEYDI  
281 SW 95 TERRACE  
PEMBROKE PINES, FL 33025 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 LUIS, HEYDI  
Address 281 SW 95 TERRACE  
City-State-Zip: PEMBROKE PINES FL 33025

*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:** HEYDI LUIS

**PRESIDENT**

**03/22/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date