

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109763

Entity Name: H2 REHABILITATION SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

484 RIVERSIDE AVE.
C/O H2 HEALTHCARE
JACKSONVILLE, FL 32202

Current Mailing Address:

484 RIVERSIDE AVE.
C/O H2 HEALTHCARE
JACKSONVILLE, FL 32202 US

FEI Number: 59-2504386

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET
SUITE 4
TALLAHASSEE, FL 32301 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: ERIC HOOD, ASSISTANT SECRETARY

04/06/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title SOLE MEMBER
Name H2 HOLDCO, INC.
Address 484 RIVERSIDE AVE.
 C/O H2 HEALTHCARE
City-State-Zip: JACKSONVILLE FL 32202

Title AUTHORIZED SIGNER
Name HUGHES, TIMOTHY
Address 484 RIVERSIDE AVE.
 C/O H2 HEALTHCARE
City-State-Zip: JACKSONVILLE FL 32202

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY HUGHES

AUTHORIZED SIGNER

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date