2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2025
Secretary of State
6207848202CC

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Entity Name: HANDS ON HEALTH MANUAL AND PHYSICIAL THERAPY SERVICES, LLC

Current Principal Place of Business:

24W500 MAPLE AVENUE
SUITE 203D
NAPERVILLE, IL 60540

Current Mailing Address:

24W500 MAPLE AVENUE
SUITE 203D
NAPERVILLE, IL 60540 US

FEI Number: 30-0510677

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUPISZEWSKI, C SUZANNE JOSEPH
2595 TAMPA ROAD
SUITE Q
PALM HARBOR, FL 34684 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: C SUZANNE JOSEPH KUPISZEWSKI 02/05/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KUPISZEWSKI, C. SUZANNE JOSEPH	Name	KUPISZEWSKI, C SUZANNE JOSEPH
Address	2595 TAMPA ROAD-SUITE Q	Address	24 W 500 STE. 203D
City-State-Zip:	PALM HARBOR FL 34684	City-State-Zip:	NAPERVILLE IL 60540

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: C SUZANNE JOSEPH KUPISZEWSKI MANAGER 02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date