

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098046

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

Current Principal Place of Business:

2595 TAMPA RD
SUITE Q
PALM HARBOR, FL 34684

Current Mailing Address:

525 NORTHVIEW LANE
HOFFMAN ESTATES, IL 60169

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

02/27/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KUPISZEWSKI, C. SUZANNE JOSEPH
Address 2595 TAMPA ROAD-SUITE Q
City-State-Zip: PALM HARBOR FL 34684

Title MGR
Name KUPISZEWSKI, C SUZANNE JOSEPH
Address 525 NORTHVIEW LANE
City-State-Zip: HOFFMAN ESATES IL 60169

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

OWNER

02/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date