

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088514

**Entity Name:** HN1 THERAPY NETWORK OF PUERTO RICO, LLC

**Current Principal Place of Business:**

2001 S. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

2001 S. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316 US

**FEI Number:** 27-1966436

**Certificate of Status Desired:** No

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

RODRIGUEZ, ALBERTO A  
2001 S. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316 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

**Authorized Person(s) Detail :**

Title MGR  
Name RODRIGUEZ, ALBERTO A  
Address 2001 S. ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title MGR  
Name BILOWICH, MARTIN E  
Address 2001 S. ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title MGR  
Name LEAHY, ROBERT J  
Address 2001 S. ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title MGR  
Name MOSQUERA, LUIS G  
Address 2001 S. ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

*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:** MARTIN E. BILOWICH

MGR

04/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date