2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2014
Secretary of State
CC9384223927

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Entity Name: HOMEACTIVE THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

4201 W. SAN LUIS ST.
TAMPA, FL 33629

Current Mailing Address:

4201 W. SAN LUIS ST.
TAMPA, FL 33629

FEI Number: 46-2119295

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMMS, CHRISTOPHER
4201 W. SAN LUIS ST.
TAMPA, FL 33629 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	MGRM	Title	MGRM
Name	SIMMS, CHRISTOPHER	Name	ELLIMAN, KYLE
Address	4201 W. SAN LUIS ST.	Address	815 100TH AVE. N.
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	ST. PETERSBURG FL 33702

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: CHRISTOPHER SIMMS MGRM 03/31/2014

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