

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000152819

Entity Name: RECOVERY SOLUTIONS HEALTH GROUP, LLC

Current Principal Place of Business:

2785 S. BAY ST.
SUITE G
EUSTIS, FL 32726

Current Mailing Address:

2785 S. BAY ST.
SUITE G
EUSTIS, FL 32726 US

FEI Number: 38-4122790

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAMELA HAND
2785 S. BAY ST.
SUITE G
EUSTIS, FL 32726 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 OWNER
Name PAMELA HAND
Address 2785 S. BAY ST.
SUITE G
City-State-Zip: EUSTIS FL 32726

Title OWNER
Name PAMELA HAND
Address 4820 N. HWY 19A
City-State-Zip: MOUNT DORA FL 32757

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: PAMELA HAND

OWNER

03/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date