2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2020
Secretary of State
2917540714CC

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Entity Name: RECOVERY SOLUTIONS HEALTH GROUP, LLC

Current Principal Place of Business:

4820 N. HWY 19A
SUITE 1
MOUNT DORA, FL 32757

Current Mailing Address:

4820 N. HWY 19A
SUITE 1
MOUNT DORA, FL 32757 US

FEI Number: 38-4122790

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAMELA HAND
4820 N. HWY 19A
SUITE 1
MOUNT DORA, FL 32757 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	Title	MGR
Name	PAMELA HAND	Name	PAMELA HAND
Address	4820 N. HWY 19A	Address	4820 N. HWY 19A
City-State-Zip:	MOUNT DORA FL 32757	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 03/18/2020

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