

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000159373

Entity Name: HP THERAPY SERVICES, LLC

Current Principal Place of Business:

391 SW DUSTIN AVE
PORT ST LUCIE, FL 34953

Current Mailing Address:

391 SW DUSTIN AVE
PORT ST LUCIE, FL 34953 US

FEI Number: 92-3412666

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ETWARU, CHANDANIE
391 SW DUSTIN AVE
PORT ST LUCIE, FL 34953 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: CHANDANIE ETWARU

04/08/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ETWARU, CHANDANIE
Address 391 SW DUSTIN AVE
City-State-Zip: PORT ST LUCIE FL 34953

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: CHANDANIE ETWARU

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date