

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000525256

Entity Name: HANDS ON MEDICAL, LLC

Current Principal Place of Business:

322 RACETRACK ROAD NE
FORT WALTON BEACH, FL 32569

Current Mailing Address:

322 RACETRACK ROAD NE
FORT WALTON BEACH, FL 32569 US

FEI Number: 93-4628519

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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 AMBR
Name PEETS, KAYDEN
Address 142 BREWER CIRCLE
City-State-Zip: MARY ESTHER FL 32569

Title AMBR
Name PEETS, KAMANI
Address 142 BREWER CIRCLE
City-State-Zip: MARY ESTHER FL 32569

Title AMBR
Name PEETS, JOANNA
Address 142 BREWER CIRCLE
City-State-Zip: MARY ESTHER FL 32569

Title AUTHORIZED MEMBER
Name ADAMS, KAIRO
Address 142 BREWER CIRCLE
City-State-Zip: MARY ESTHER FL 32569

Title AUTHORIZED MEMBER
Name ADAMS, KROSS
Address 142 BREWER CIRCLE
City-State-Zip: MARY ESTHER FL 32569

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: JOANNA PEETS

MEMBER

04/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date