

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000007197

**Entity Name:** H2 THERAPY PROVIDER NETWORK, LLC

**Current Principal Place of Business:**

484 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

484 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 US

**FEI Number:** 37-1027432

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 N CALHOUN STREET  
SUITE 4  
TALLAHASSEE, FL 32301 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:** ERIC HOOD, ASSISTANT SECRETARY

04/27/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MEMBER	Title	PRESIDENT AND SECRETARY
Name	H2 HOLDCO, INC.	Name	SANSONE, GUY
Address	484 RIVERSIDE AVE.	Address	484 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	COO	Title	VP
Name	ADAMS, CHRISTINE	Name	STREETER, AMANDA
Address	484 RIVERSIDE AVE.	Address	484 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	VP	Title	CFO
Name	BULEY, LANA	Name	HUGHES, TIMOTHY
Address	484 RIVERSIDE AVE.	Address	484 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202

*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:** TIMOTHY HUGHES

**CHIEF FINANCIAL  
OFFICER**

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date