

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107922

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE HELPINGHAND CLINIC OF BRANDON, LLC

Current Principal Place of Business:

1136 NIKKI VIEW DRIVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

1136 NIKKI VIEW DRIVE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 26-3851355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUIGLEY, RYAN
1200 WEST PLATT STREET SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMB () Change (X) Addition
Name: LONG, SHARON
Address: 1136 NIKKI VIEW DRIVE
City-St-Zip: BRANDON, FL 33511

Title: MGMB () Change (X) Addition
Name: LONG, AARON DR.
Address: 1136 NIKKI VIEW DRIVE
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHARON LONG

MGRM

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date