

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107922

FILED  
Jan 25, 2010  
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: MGBM  
Name: LONG, AARON DR.  
Address: 1136 NIKKI VIEW DRIVE  
City-St-Zip: BRANDON, FL 33511

I hereby 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: AARON E. LONG, M.D.

MGR

01/25/2010

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