

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107922

Entity Name: THE HELPINGHAND CLINIC OF BRANDON, LLC

Current Principal Place of Business:

1136 NIKKI VIEW DRIVE
BRANDON, FL 33511

Current Mailing Address:

1136 NIKKI VIEW DRIVE
BRANDON, FL 33511

FEI Number: 26-3851355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUIGLEY, RYAN
1200 WEST PLATT STREET SUITE 100
TAMPA, FL 33606 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 MGMB
Name LONG, AARON DR.
Address 1136 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

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: AARON LONG

OWNER

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date