

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000026859

**FILED
Feb 16, 2010
Secretary of State**

Entity Name: NEUROLOGIC RELIEF CENTERS LLC

Current Principal Place of Business:

401 YELVINGTON AVE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

401 YELVINGTON AVE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 26-4517878 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SINGER, DAVID DR
401 YELVINGTON AVE
CLEARWATER, FL 33755 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: MGR
Name: SINGER, DAVID DR
Address: 2840 W BAY DRIVE #225
City-St-Zip: BELLEAIR BLUFF, FL 33770

Title: MGRM
Name: WHITCOMB, PAUL E DR
Address: 1051 CHEYENNE DR
City-St-Zip: S LAKE TAHOE, CA 96150

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: DR. DAVID SINGER MGR 02/16/2010

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