

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026859

**FILED**  
**Jan 06, 2012**  
**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 ( )**

**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: DAVID SINGER

MGR

01/06/2012

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