2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

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Entity Name: HURRICANE PAIN CLINIC LLC.

Current Principal Place of Business:

12621 NEW BRITTANY BLVD.
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12621 NEW BRITTANY BLVD.
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 27-2036139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSH, BRIAN R
5569 BENTON ST.
LEHIGH ACRES, FL 33971 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: RUSH, BRIAN R
Address: 12621 NEW BRITTANY BLVD
City-St-Zip: FORT MYERS, FL 33907

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 Statues.

SIGNATURE: BRIAN R RUSH MGR 04/21/2011

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