

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016627

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**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:**

RUSH, BRIAN R  
2502 9TH ST SW  
LEHIGH ACRES, FL 33976 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: BRIAN R RUSH

08/28/2012

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 Statutes.

SIGNATURE: BRIAN R RUSH

MGR

08/28/2012

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