

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000038609

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** BREAKTHROUGH THERAPIES & CONSULTING, LLC

**Current Principal Place of Business:**

8986 HAWKEY CIR.  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

7777 NORMANDY BLVD # 719  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

8986 HAWKEY CIR.  
JACKSONVILLE, FL 32221

**New Mailing Address:**

7777 NORMANDY BLVD # 719  
JACKSONVILLE, FL 32221

FEI Number: 45-1136260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DUROSKA, ESTHER  
8986 HAWKEY CIR.  
JACKSONVILLE, FL 32221 US

**Name and Address of New Registered Agent:**

DUROSKA, ESTHER  
7777 NORMANDY BLVD # 719  
JACKSONVILLE, FL 32221 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: ESTHER DUROSKA

03/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DUROSKA, ESTHER  
Address: 7777 NORMANDY BLVD # 719  
City-St-Zip: JACKSONVILLE, FL 32221

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: ESTHER DUROSKA

MGRM

03/26/2012

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