

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000052485

**Entity Name:** DR. MUTO HEALTH SYSTEMS, L.L.C.

**Current Principal Place of Business:**

2117 49TH STREET NORTH  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

12128 LAKE ALLEN DR.  
LARGO, FL 33773 US

**FEI Number:** 45-5100305

**Certificate of Status Desired:** No

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

MUTO, BRIAN D  
12128 LAKE ALLEN DR.  
LARGO, FL 33773 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name MUTO, BRIAN D  
Address 12128 LAKE ALLEN DR.  
City-State-Zip: LARGO FL 33773

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN D. MUTO, DC

MGR

04/22/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date