

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000052485

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

Current Principal Place of Business:

1813 SHORE DRIVE SOUTH
SOUTH PASADENA, FL 33707

Current Mailing Address:

6412 93RD TERRACE NORTH
4801
PINELLAS PARK, FL 33782

FEI Number: 45-5100305

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUTO, BRIAN D
6412 93RD TERRACE NORTH
4801
PINELLAS PARK, FL 33782 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 6412 93RD TERRACE NORTH #4801
City-State-Zip: PINELLAS PARK FL 33782

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN D. MUTO

MNGR

03/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date