

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000086752

Entity Name: MORE T CLINIC SITE 1, LLC

Current Principal Place of Business:

155 CRANES ROOST BLVD.
SUITE 2060
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

155 CRANES ROOST BLVD.
SUITE 2060
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 46-2997751

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALONE, BART
155 CRANES ROOST BLVD.
SUITE 2060
ALTAMONTE SPRINGS, FL 32701 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 MANAGER, AUTHORIZED MEMBER
Name MORE T, LLC
Address 155 CRANES ROOST BLVD.
 SUITE 2060
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title PRESIDENT, CEO
Name MALONE, BART
Address 304 EAST GREENTREE LANE
City-State-Zip: LAKE MARY FL 32746

Title MEDICAL DIRECTOR MORE T CLINICS
 SITE 1
Name BAIGABATOV, ELDAR DR.
Address 36 SOUTH MAIN STREET
City-State-Zip: WINTER GARDEN FL 34787

Title EVP PATIENT SERVICES
Name SKALKO, JAMES
Address 155 CRANES ROOST BLVD
 SUITE 2060
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: BART MALONE

CEO/PRESIDENT

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date