

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000086752

**FILED**  
**Feb 07, 2014**  
**Secretary of State**  
**CC6367756662**

**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:**

304 EAST GREENTREE LANE  
LAKE MARY, FL 32746

**FEI Number:** 46-2997751

**Certificate of Status Desired:** No

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

MALONE, BART  
304 EAST GREENTREE LANE  
LAKE MARY, FL 32746 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         304 EAST GREENTREE LANE  
City-State-Zip: LAKE MARY FL 32746

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

Title            COO, FINANCIAL OFFICER,  
                  TREASURER  
Name            MILLER, KURT  
Address         12102 PLANTATION LAKES CIRCLE  
City-State-Zip: SANFORD FL 32771

Title            CLINIC DIRECTOR  
Name            THOMAS, DANIEL  
Address         706 CANADICE LANE  
City-State-Zip: WINTER SPRINGS FL 32708

Title            SECRETARY  
Name            DOVE, BARRY  
Address         591 PARKWOOD LANE  
City-State-Zip: COPPELL TX 75019

Title            DIRECTOR OF FINANCE  
Name            DIXON, SCOTT  
Address         7443 WINDING WAY  
City-State-Zip: TIPP CITY OH 45371

*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:** BARRY DOVE

**SECRETARY**

**02/07/2014**

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

\_\_\_\_\_  
Date