

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