

2015 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 32701Title: COO, FINANCIAL OFFICER,
TREASURER
Name: MILLER, KURT
Address: 12102 PLANTATION LAKES CIRCLE
City-State-Zip: SANFORD FL 32771Title: SECRETARY
Name: DOVE, BARRY
Address: 6913 ALDERBROOK DRIVE
City-State-Zip: DENTON TX 76210Title: PRESIDENT, CEO
Name: MALONE, BART
Address: 304 EAST GREENTREE LANE
City-State-Zip: LAKE MARY FL 32746Title: CLINIC DIRECTOR
Name: THOMAS, DANIEL
Address: 706 CANADICE LANE
City-State-Zip: WINTER SPRINGS FL 32708

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****03/21/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date