

2020 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:**HORGAN, JAMES
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:** JAMES HORGAN

05/14/2020

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
Name DOVE, BARRY
Address 155 CRANES ROOST BLVD.
SUITE 2060
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MEDICAL DIRECTOR MORE T CLINICS
SITE 1
Name MILES , ROBERT ROY DR.
Address 125010 TWINBURCH ACRES ROAD
City-State-Zip: TAMPA FL 33626

Title VP
Name HORGAN, 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: BARRY DOVE

PRESIDENT

05/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date