

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000086752

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**2525848631CC**

**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: MILES , ROBERT ROY DR.  
Address: 125010 TWINBURCH ACRES ROAD  
City-State-Zip: TAMPA FL 33626

*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

**PRESIDENT**

**01/29/2019**

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