

**2024 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

03/08/2024

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

Title            VP  
Name            HORGAN, JAMES  
Address         155 CRANES ROOST BLVD.  
                  SUITE 2060  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            D  
Name            DR. JILL M. SHEA, M.D.  
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

CEO

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date