

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051667

FILED
Jan 07, 2008
Secretary of State

Entity Name: MTRW, LLC

Current Principal Place of Business:

1185 DUNLAWTON AVE
SUITE 100
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

550 MEMORIAL CIRCLE
SUITE H
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 30-0277165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEESE, DAVID L MD
550 MEMORIAL CIRCLE
SUITE H
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEESE, DAVID L MD
Address: 577 N BEACH ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: TOLLAND, J TIMOTHY MD
Address: 5 BROADRIVER RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: RITTER, ANDREW H MD
Address: 24 IRIQUOIS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: WILLIAMS, KATHLEEN MD
Address: 845 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: WILLIAMS, KATHLEEN MD
Address: 845 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID L MEESE MD

MGR

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date