

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051667

Entity Name: MTRW, LLC

FILED  
Feb 03, 2011  
Secretary of State

**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  
Name: MEESE, DAVID L MD  
Address: 577 N BEACH ST  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

I hereby 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

02/03/2011

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