

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000038156

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** METZGER COMPREHENSIVE CARE, LLC

**Current Principal Place of Business:**

880 NW 13TH STREET  
#2B  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

880 NW 13TH STREET  
#2B  
BOCA RATON, FL 33486 US

**New Mailing Address:**

**FEI Number:** 20-8808655      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MGRM  
Name: METZGER, CHARLES E SR  
Address: 880 NW 13TH STREET #2B  
City-St-Zip: BOCA RATON, FL 33486 US

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: CHARLES METZGER

MGR

01/12/2010

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