

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000038156

**FILED**  
**Jan 11, 2012**  
**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:**

METZGER, CHARLES JR  
2102 NW 5TH STREET  
BOCA RATON, FL 33486 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: CHARLES METZGER

01/11/2012

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

Title: MGR  
Name: METZGER, CHARLES E JR  
Address: 2102 NW 5TH STREET  
City-St-Zip: BOCA RATON, FL 33486

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

01/11/2012

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