

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105125

FILED
Apr 15, 2009
Secretary of State

Entity Name: M.T. HEALTH CENTER, LLC

Current Principal Place of Business:

1601 BELVEDERE ROAD
206 EAST
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

1601 BELVEDERE ROAD
206 EAST
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 26-1248919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENDRICH, CHAD K
1601 BELVEDERE ROAD
206 EAST
WEST PALM BEACH, FL 33406 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: WALCZAK, PAUL
Address: 4225 EAST MAIN STREET
City-St-Zip: JUPITER, FL 33458 US

Title: MGR () Delete
Name: TENDRICH, STEVEN A
Address: 1601 BELVEDERE ROAD, SUITE 206 EAST
City-St-Zip: WEST PALM BEACH, FL 33406 US

ADDITIONS/CHANGES:

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

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

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: STEVEN A TENDRICH MGR 04/15/2009

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