

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125299

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** MTW HEALTH PROPERTIES, LLC

**Current Principal Place of Business:**

1601 BELVEDERE ROAD  
SUITE 206E  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1601 BELVEDERE ROAD  
SUITE 206E  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 26-1607718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEYER, WILLIAM A  
1601 BELVEDERE ROAD  
SUITE 407S  
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  
**Name:** MEYER, WILLIAM A  
**Address:** 1601 BELVEDERE ROAD, SUITE 407S  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**Title:** MGR  
**Name:** TENDRICH, STEVEN A  
**Address:** 1601 BELVEDERE ROAD, SUITE 206E  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**Title:** MGR  
**Name:** WALCZAK, PAUL  
**Address:** 4225 EAST MAIN STREET  
**City-St-Zip:** JUPITER, FL 33458

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:** WILLIAM MEYER

MGR

04/20/2011

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