

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105125

Entity Name: M.T. HEALTH CENTER, LLC

Current Principal Place of Business:

2979 PGA BLVD.
SUITE 201
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

PO BOX 31809
PALM BEACH GARDENS, FL 33420 US

FEI Number: 26-1248919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TENDRICH, CHAD K
1601 BELVEDERE ROAD
206 EAST
WEST PALM BEACH, FL 33406 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WALCZAK, PAUL
Address 2979 PGA BLVD., SUITE 201
City-State-Zip: PALM BEACH GARDENS FL 33410

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

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL WALCZAK

MANAGER

04/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date