

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000143540

**Entity Name:** METABOLIC MEDICAL CENTER, LLC

**Current Principal Place of Business:**

1120 SOUTH BELCHER ROAD  
SUITE 2  
LARGO, FL 33771

**Current Mailing Address:**

1120 SOUTH BELCHER ROAD  
SUITE 2  
LARGO, FL 33771 US

**FEI Number:** 45-4126858

**Certificate of Status Desired:** Yes

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

BASKIN, HAMDEN HIII  
13577 FEATHER SOUND DRIVE  
SUITE 550  
CLEARWATER, FL 33762 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 MGRM  
Name LEONHARDT, TRACIE JD.O.  
Address 1120 BELCHER ROAD SOUTH  
SUITE 2  
City-State-Zip: LARGO FL 33771

Title MANAGER  
Name BEASLEY, MITCHEL L  
Address 1120 BELCHER RD S  
SUITE 2  
City-State-Zip: LARGO FL 33771

*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:** TRACIE LEONHARDT, DO

MGRM

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date