

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052507

FILED
Jan 11, 2006
Secretary of State

Entity Name: HESS SPINAL & MEDICAL CENTERS OF BRANDON, PL

Current Principal Place of Business:

931 OAKFIELD DRIVE
BRANDON, FL 33511

New Principal Place of Business:

919 PARSONS AVE S
BRANDON, FL 33511

Current Mailing Address:

901 N HERCULES AVE
A
CLEARWATER, FL 33765

New Mailing Address:

901 N HERCULES AVE
D
CLEARWATER, FL 33765

FEI Number: 20-1596594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESS, STEPHEN T
901 N HERCULES AVE, SUITE A
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

HESS, STEPHEN T
901 N HERCULES AVE, SUITE D
CLEARWATER, FL 33765 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: _____

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HESS, STEPHEN T
Address: 901 N HERCULES AVE, SUITE A
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HESS, STEPHEN T
Address: 901 N HERCULES AVE, SUITE D
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN T. HESS

MGRM

01/11/2006

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