

**2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000052507

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

919 PARSONS AVE S  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

901 N HERCULES AVE  
D  
CLEARWATER, FL 33765

**New Mailing Address:**

**FEI Number:** 20-1596594      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HESS, STEPHEN T DR.  
901 N HERCULES AVE, SUITE D  
CLEARWATER, FL 33765 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:** DR.  
**Name:** HESS, STEPHEN T DC  
**Address:** 901 N HERCULES AVE, SUITE D  
**City-St-Zip:** CLEARWATER, FL 33765

**Title:** COO  
**Name:** SORDO, CARMEN G COO  
**Address:** 901 N. HERCULES AVENUE, SUITE D  
**City-St-Zip:** CLEARWATER, FL 33765

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: CARMEN G. SORDO      COO      01/26/2010

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