that my name appears above, or on an attachment with all other like empowered. 04/25/2021

MGR

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: STEPHEN T. HESS, DC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000392296

Entity Name: HESS SPINAL AND MEDICAL CENTERS OF RUSKIN, LLC

Current Principal Place of Business:

205 S. U.S. HWY 41 SUITE B RUSKIN, FL 33570

Current Mailing Address:

4505 TOWN & COUNTRY BLVD. TAMPA, FL 33615 US

FEI Number: 86-1201657

Name and Address of Current Registered Agent:

HESS, STEPHEN T DR. 4505 TOWN & COUNTRY BLVD. TAMPA, FL 33615 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

Authorized Person(s) Detail :

Title	MGR
Name	HESS, STEPHEN T DR.
Address	4505 TOWN & COUNTRY BLVD.
City-State-Zip:	TAMPA FL 33615

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

Certificate of Status Desired: Yes

Date

FILED Apr 25, 2021 Secretary of State 3470963150CC

Date