2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052507

HESS, STEPHEN T

901 N HERCULES AVE, SUITE D

CLEARWATER, FL 33765

Name:

Address:

City-St-Zip:

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

FILED Jan 31, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
919 PARSONS AVE S BRANDON, FL 33511			
Current Mailing Address:		New Mailing Address:	
901 N HERCULES AV	Έ		
CLEARWATER, FL 3:	3765		
FEI Number: 20-1596594	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
HESS, STEPHEN T 901 N HERCULES AV CLEARWATER, FL 3			
The above named enti in the State of Florida.	ty submits this statement for the լ	ourpose of changing its registere	d office or registered agent, or both
SIGNATURE:			
Electronic Signature of Registered Age		ent	Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: MGRM	() Delete	Title:	() Change () Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TRACY GIERZAK MGR 01/31/2008