

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084658

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1519 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

901 N HERCULES AVE  
D  
CLEARWATER, FL 33765

**New Mailing Address:**

901 N. HERCULES AVENUE  
D  
CLEARWATER, FL 33765

**FEI Number:** 20-1929569

**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  
D  
CLEARWATER, FL 33765 US

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

HESS, STEPHEN T DR.  
901 N. HERCULES AVENUE  
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:

01/05/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: COO  
Name: SORDO, CARMEN G  
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

01/05/2011

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