

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084658

FILED
Feb 01, 2012
Secretary of State

Entity Name: HESS SPINAL & MEDICAL CENTERS OF LAKE LAND, PL

Current Principal Place of Business:

1519 LAKE LAND HILLS BLVD.
LAKE LAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

901 N. HERCULES AVENUE
D
CLEARWATER, FL 33765

New Mailing Address:

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 AVENUE
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 DR.
Address: 901 N. HERCULES AVE., SUITE D
City-St-Zip: CLEARWATER, FL 33765

Title: COO
Name: SORDO, CARMEN G
Address: 901 N. HERCULES AVE., 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

02/01/2012

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