

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024256

**FILED**  
**Mar 23, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

102 PARK PLACE BLVD., BLDG. 3, STE. 3  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

901 N HERCULES AVE  
SUITE D  
CLEARWATER, FL 33765

**Current Mailing Address:**

102 PARK PLACE BLVD., BLDG. 3, STE. 3  
KISSIMMEE, FL 34741

**New Mailing Address:**

901 N HERCULES AVE  
SUITE D  
CLEARWATER, FL 33765

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HESS, STEPHEN T  
102 PARK PLACE BLVD., BLDG. 3, STE. 3  
KISSIMMEE, FL 34741 US

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

HESS, STEPHEN T  
901 N HERCULES AVE  
SUITE 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:

03/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: HESS, STEPHEN T  
Address: 901 N HERCULES AVE SUITE D  
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN T HESS

MGRM

03/23/2006

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