

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000024256

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

901 N HERCULES AVE
SUITE D
CLEARWATER, FL 33765

New Principal Place of Business:

1337-1339 EAST VINE STREET
KISSIMMEE, FL 34744

Current Mailing Address:

901 N HERCULES AVE
SUITE D
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 20-2568929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HESS, STEPHEN T
901 N HERCULES AVE
SUITE 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: STEPHEN T HESS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

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: STEPHEN T HESS

MGRM

04/20/2009

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