

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067703

**FILED
Apr 15, 2009
Secretary of State**

Entity Name: MSO HEALTH SYSTEMS, LLC

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE
SUITE 270
MIAMI, FL 33126 FL

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON DR
SUITE 270
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 20-3093700 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PLANA, NESTOR J
5201 BLUE LAGOON DRIVE
SUITE 270
MIAMI, FL 33126 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: MGRM () Delete
Name: PLANA, NESTOR J
Address: 5201 BLUE LAGOON DRIVE, STE 270
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: HARPER, FLOYD J
Address: 5201 BLUE LAGOON DRIVE, STE 270
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FLOYD HARPER

MGRM

04/15/2009

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