

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067703

**FILED**  
**Jun 12, 2012**  
**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 DRIVE  
SUITE 270  
MIAMI, FL 33126 FL

**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: MGR  
Name: PLANA, NESTOR J  
Address: 5201 BLUE LAGOON DRIVE, STE 270  
City-St-Zip: MIAMI, FL 33126

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

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: NESTOR PLANA      MGR      06/12/2012

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