

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091665

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1408 W. REYNOLDS STREET  
SUITE E  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

901 N. HERCULES AVENUE  
SUITE D  
CLEARWATER, FL 33765

**New Mailing Address:**

**FEI Number:** 26-3552955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HESS, STEPHEN T DC  
901 N. HERCULES AVENUE  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: DC  
Name: HESS, STEPHEN T DC  
Address: 901 N. HERCULES AVENUE, SUITE D  
City-St-Zip: CLEARWATER, FL 33765

Title: COO  
Name: SORDO, CARMEN G COO  
Address: 901 N. HERCULES AVENUE, SUITE D  
City-St-Zip: CLEARWATER, FL 33765

Title: REPR  
Name: GIERZAK, TRACY L  
Address: 901 N. HERCULES AVE. STE. 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: TRACY GIERZAK

REPR

04/26/2011

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