

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000091665

FILED
Apr 08, 2012
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:

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

Current Mailing Address:

901 N. HERCULES AVENUE
SUITE D
CLEARWATER, FL 33765

New Mailing Address:

4505 TOWN & COUNTRY BLVD.
TAMPA, FL 33615 US

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:

HESS, STEPHEN T DC
4505 TOWN & COUNTRY BLVD.
TAMPA, FL 33615 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:

04/08/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR.
Name: HESS, STEPHEN T DR.
Address: 4505 TOWN & COUNTRY BLVD.
City-St-Zip: TAMPA, FL 33615 US

Title: COO
Name: SORDO, CARMEN G COO
Address: 4505 TOWN & COUNTRY BLVD.
City-St-Zip: TAMPA, FL 33615 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: CARMEN G. SORDO

COO

04/08/2012

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