

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107946

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** HESS SPINAL & MEDICAL CENTERS OF SPRING HILL, PL

**Current Principal Place of Business:**

8022 SPRING HILL DRIVE  
SPRING HILL, FL 34606 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 N. HERCULES AVENUE  
SUITE D  
CLEARWATER, FL 33765 US

**New Mailing Address:**

**FEI Number:** 27-3761322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HESS, STEPHEN T DR.  
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:** DR.  
**Name:** HESS, STEPHEN T DR.  
**Address:** 901 N. HERCULES AVE., SUITE D  
**City-St-Zip:** CLEARWATER, FL 33765 US

**Title:** COO  
**Name:** SORDO, CARMEN G  
**Address:** 901 N. HERCULES AVE., SUITE 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: CARMEN G. SORDO

COO

02/01/2012

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