

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000107946

**FILED**  
**Apr 08, 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:**

4505 TOWN & COUNTRY BLVD.  
TAMPA, FL 33615 US

**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:**

HESS, STEPHEN T DR.  
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

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