

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000001285

**Entity Name:** HESS SPINAL & MEDICAL CENTERS, P.A.

**Current Principal Place of Business:**

4505 TOWN & COUNTRY BLVD.  
TAMPA, FL 33615

**Current Mailing Address:**

4505 TOWN & COUNTRY BLVD.  
TAMPA, FL 33615

**FEI Number:** 59-3615785

**Certificate of Status Desired:** Yes

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

HESS, STEPHEN TDR.  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARMEN G. SORDO

**CHIEF OF OPERATIONS**

**03/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date