

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084658

**Entity Name:** HESS SPINAL & MEDICAL CENTERS OF LAKE LAND, LLC

**Current Principal Place of Business:**

1519 LAKE LAND HILLS BLVD.  
LAKE LAND, FL 33805

**Current Mailing Address:**

4505 TOWN & COUNTRY BLVD.  
TAMPA, FL 33615

**FEI Number:** 20-1929569

**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

**Authorized Person(s) Detail :**

Title MGR  
Name HESS, STEPHEN T DR.  
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR. STEPHEN T HESS, DC

MGR

03/31/2019

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date