

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067703

**Entity Name:** MSO HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

5200 BLUE LAGOON DRIVE  
SUITE 500  
MIAMI, FL 33126

**Current Mailing Address:**

5200 BLUE LAGOON DRIVE  
SUITE 500  
MIAMI, FL 33126 US

**FEI Number:** 20-3093700

**Certificate of Status Desired:** No

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

RISTAINO, DAVID C ESQ.  
5200 BLUE LAGOON DRIVE  
SUITE 500  
MIAMI, FL 33126 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:** DAVID C. RISTAINO, ESQ.

04/17/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, CEO  
Name            PLANA, NESTOR  
Address         5200 BLUE LAGOON DRIVE  
                  SUITE 500  
City-State-Zip: MIAMI FL 33126

Title            VP, CFO  
Name            CHANG ALLOY, HUGH  
Address         5200 BLUE LAGOON DRIVE  
                  SUITE 500  
City-State-Zip: MIAMI FL 33126

Title            SECRETARY  
Name            RISTAINO, DAVID  
Address         5200 BLUE LAGOON DRIVE  
                  SUITE 500  
City-State-Zip: MIAMI FL 33126

*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:** NESTOR J PLANA

MGR

04/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date