

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067703

Entity Name: MSO HEALTH SYSTEMS, LLC

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE
SUITE 270
MIAMI, FL 33126

FILED
Apr 24, 2014
Secretary of State
CC6369843548

Current Mailing Address:

5201 BLUE LAGOON DRIVE
SUITE 270
MIAMI, FL 33126 FL

FEI Number: 20-3093700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PLANA, NESTOR J
5201 BLUE LAGOON DRIVE
SUITE 270
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	PLANA, NESTOR J	Name	HARPER, FLOYD J
Address	5201 BLUE LAGOON DRIVE, STE 270	Address	5201 BLUE LAGOON DRIVE, STE 270
City-State-Zip:	MIAMI FL 33126	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 PLANA

P

04/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date