

2013 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

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

Title MGR
Name HARPER, FLOYD J
Address 5201 BLUE LAGOON DRIVE, STE 270
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NESTOR PLANA

MBR

04/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date