

2015 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.

03/24/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name PLANA, NESTOR
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 PLANA

MANAGER

03/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date