

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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            AUTHORIZED MEMBER  
Name            INDEPENDENT LIVING SYSTEMS  
Address        5201 BLUE LAGOON DRIVE  
                  SUITE 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NESTOR PLANA

P

06/12/2014

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

\_\_\_\_\_  
Date