2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2014
Secretary of State
CC6538490017

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Entity Name: HEMORRHOID TREATMENT CENTER OF FLORIDA, LLC

Current Principal Place of Business:

561 SOUTH DUNCAN AVENUE
CLEARWATER, FL 33756

Current Mailing Address:

561 SOUTH DUNCAN AVENUE
CLEARWATER, FL 33756

FEI Number: 59-1894560

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVID H SHAPIRO MD, PA
561 SOUTH DUNCAN AVENUE
SUITE C
CLEARWATER, FL 33756 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	SHAPIRO, DAVID HMD
Address	561 SOUTH DUNCAN AVENUE
City-State-Zip:	CLEARWATER FL 33756

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: DAVID H SHAPIRO MD PRES 02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date