

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000005408

Entity Name: TAMPA MINIMALLY INVASIVE SPINE SURGERY CENTER, LLC**Current Principal Place of Business:**5329 PRIMROSE LAKE CIRCLE
TAMPA, FL 33647**Current Mailing Address:**5329 PRIMROSE LAKE CIRCLE
TAMPA, FL 33647 US**FEI Number:** 47-1211888**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLAVIN NOONEY & PERSON
2200 S. BABCOCK STREET
MELBOURNE, FL 32901 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:** THOMAS P. FLAVIN

04/27/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HENKIN, PHILIP M.D.
Address 5329 PRIMROSE LAKE CIRCLE
City-State-Zip: TAMPA FL 33647

Title MGR
Name NEL, WILLEM J M.D.
Address 5329 PRIMROSE LAKE CIRCLE
City-State-Zip: TAMPA FL 33647

Title MGR
Name GRISALES, DARIO M.D.
Address 5329 PRIMROSE LAKE CIRCLE
City-State-Zip: TAMPA FL 33647

Title MGR
Name MANGAR, DEVANAND M.D.
Address 5329 PRIMROSE LAKE CIRCLE
City-State-Zip: TAMPA FL 33647

Title MGR
Name ROM, JAY
Address 5329 PRIMROSE LAKE CIRCLE
City-State-Zip: TAMPA FL 33647

Title MGR
Name BHALANI, MAULIK
Address 5329 PRIMROSE LAKE CIRCLE
City-State-Zip: TAMPA FL 33647

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: PHILIP HENKIN

MGR

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date