2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2022
Secretary of State
2622237596CC

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:

BAYCARE HEALTH SYSTEM, INC.
2985 DREW STREET
CLEARWATER, FL 33759 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: JENNIFER L TOUSE 03/25/2022

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	VP	Title	SECRETARY
Name	NEL, WILLEM J M.D.	Name	AHMED, SAEED DR.
Address	5329 PRIMROSE LAKE CIRCLE	Address	5329 PRIMROSE LAKE CIRCLE
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647
Title	DIRECTOR	Title	PRESIDENT
Name	COTE, JIM	Name	JONES, C. TODD
Address	2985 DREW STREET	Address	2985 DREW STREET
City-State-Zip:	CLEARWATER FL 33759	City-State-Zip:	CLEARWATER FL 33759
Title	TREASURER		
Name	TREMONTI, CARL		
Address	2985 DREW STREET		
City-State-Zip:	CLEARWATER FL 33759		

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: TODD C. JONES PRESIDENT 03/25/2022

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