2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 30, 2019
Secretary of State
6633001494CC

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:

SMITH HULSEY & BUSEY
ONE INDEPENDENT DRIVE
SUITE 3300
JACKSONVILLE, FL 32202 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: AMELIA H. HENDERSON 07/30/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

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

Title	MANAGER
Name	AHMED, SAEED DR.
Address	5329 PRIMROSE LAKE CIRCLE
City-State-Zip:	TAMPA FL 33647

Title	MANAGER
Name	COTE, JIM
Address	2985 DREW STREET
City-State-Zip:	CLEARWATER FL 33759

Title	MANAGER
Name	JONES, C. TODD
Address	2985 DREW STREET
City-State-Zip:	CLEARWATER FL 33759

Title	MANAGER
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: C. TODD JONES MANAGER 07/30/2019

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