2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000005408

FILED
Apr 17, 2019
Secretary of State
3494207786CC

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 04/17/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MGR
Name	HENKIN, PHILIP M.D.	Name	NEL, WILLEM J M.D.
Address	5329 PRIMROSE LAKE CIRCLE	Address	5329 PRIMROSE LAKE CIRCLE
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647
Title	MANAGER	Title	MANAGER
Name	AHMED, SAEED DR.	Name	LE, TIEN DR.
Address	5329 PRIMROSE LAKE CIRCLE	Address	5329 PRIMROSE LAKE CIRCLE
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647
Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	DE LA TORRE, JOSE DR.	Name	PAGLIARO, JENNIFER
Address	5329 PRIMROSE LAKE CIRCLE	Address	5329 PRIMROSE LAKE CIRCLE
City-State-Zip:	TAMPA FL 33647	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: JENNIFER PAGLIARO AUTHORIZED REPRESENTATIVE 04/17/2019

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