

2023 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:**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

03/27/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title DIRECTOR
Name SCHULKOWSKI, REBECCA
Address 4501 BRUCE B. DOWNS BLVD.
City-State-Zip: WESLEY CHAPEL FL 33544

Title PRESIDENT
Name JONES, C. TODD
Address 2985 DREW STREET
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

03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date