

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005957

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** WINTER HAVEN AMBULATORY SURGICAL CENTER, L.L.C.

**Current Principal Place of Business:**

325 AVENUE B, N.W.  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

325 AVENUE B, N.W.  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 59-3659906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHILTON, CHARLES R  
99 SIXTH STREET, S.W.  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LYLE, GEORGE  
Address: 204 LOCEN COURT  
City-St-Zip: WINTER HAVEN, FL 32792

Title: MGRM  
Name: SIMMONS, DAVID  
Address: 108 MIRROR LANE NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM  
Name: SHELGREN, JOHN  
Address: 2509 PARTRIDGE DR  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GEORGE LYLE

MGRM

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date