

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90002 011 ****50.00

DOCUMENT # M02000003393



1. Entity Name
THE WINTER HAVEN/SEBRING FL OPHTHALMOLOGY ASC, LLC

Principal Place of Business
**409 AVE. K. S.E.
 WINTER HAVEN, FL 33880**

Mailing Address
**409 AVE. K. S.E.
 WINTER HAVEN, FL 33880**

24065740



2. Principal Place of Business
20 Barton Hills Blvd.

3. Mailing Address
20 Barton Hills Blvd.

Suite, Apt. #, etc.
Fifth Floor

Suite, Apt. #, etc.
Fifth Floor

04262004 Chg-LLC CR2E083 (10/03)

City & State
Nashville, TN

City & State
Nashville, TN

4. FEI Number
74-3072437

Applied For
 Not Applicable

Zip
37215

Country

Zip
37215

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **AMSURG, INC**
 CITY-ST-ZIP **TWENTY BARTON HILLS BLVD.
 NASHVILLE, TN 37215**

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **EYE SURGERY AND LASER CENTER, LLC**
 CITY-ST-ZIP **409 AVE. K., S.E.
 WINTER HAVEN, FL 33880**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME **AmSurg Holdings, Inc.**
 STREET ADDRESS **20 Barton Hills Blvd., Fifth Floor**
 CITY-ST-ZIP **Nashville, TN 37215**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Claire M. Gulmi **Claire M. Gulmi** 4/26/04 615-665-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #