


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # M02000003393**

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



Principal Place of Business      Mailing Address

**20 BURTON HILLS BLVD FIFTH FLOOR  
 NASHVILLE, TN 37215**      **20 BURTON HILLS BLVD FIFTH FLOOR  
 NASHVILLE, TN 37215**

**DO NOT WRITE IN THIS SPACE**



04182006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>74-3072437</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM          AMSURG HOLDINGS, INC.          20 BURTON HILLS BLVD FIFTH FLOOR          NASHVILLE, TN 37215</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM          EYE SURGERY AND LASER CENTER, LLC          409 AVE. K., S.E.          WINTER HAVEN, FL 33880</b>
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 05/20/06-80004-018 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Claudia J*      **4/24/06**      **615-665-1283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #