2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
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

03242008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
74-3072437	Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000943259
05/29/08-80052-019 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	AMSURG HOLDINGS, INC.
STREET ADDRESS	20 BURTON HILLS BLVD FIFTH FLOOR
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	MGRM
NAME	EYE SURGERY AND LASER CENTER, LLC
STREET ADDRESS	409 AVE. K., S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #