

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90307 037 ****50.00

DOCUMENT # M02000003393

1. Entity Name



THE WINTER HAVEN/SEBRING FL OPHTHALMOLOGY
LC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

409 Ave K, S.E.

3. Mailing Address

409 Ave K, S.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

74-3072437

Applied For

Not Applicable

Zip 33880

Country Paik

Zip 33880

Country Paik

5. Certificate of Status Desired

\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Amsung, Inc Twenty Burton Hills Boulevard Nashville, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Eye Surgery and Laser Center, LLC 409 Ave K, S.E. Winter Haven, FL 33880
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CR2E083B (12/02)

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:

David Loew, M.D. 04/17/03 (903) 254-3504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #