

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003393

**FILED**  
**Mar 31, 2015**  
**Secretary of State**  
**CC3142396403**

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

**Current Principal Place of Business:**

1A BURTON HILLS BLVD  
NASHVILLE, TN 37215

**Current Mailing Address:**

1A BURTON HILLS BLVD  
NASHVILLE, TN 37215 US

**FEI Number: 74-3072437**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name AMSURG HOLDINGS, INC.  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title MGRM  
Name EYE SURGERY AND LASER CENTER, LLC  
Address 409 AVE. K., S.E.  
City-State-Zip: WINTER HAVEN FL 33880

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CLAIRE M GULMI**

**SEC**

**03/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date