

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001725

FILED
Apr 27, 2007
Secretary of State

Entity Name: WINTER HAVEN MEDICAL COMPLEX, LLC

Current Principal Place of Business:

320 FIRST STREET NORTH
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

320 FIRST STREET NORTH
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3632922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENNETT, BARRY W
60 SECOND STREET SE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

BENNETT, BARRY W
106 AVENUE F, SW
WINTER HAVEN, FL 33880 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:

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, GARY R
Address: 320 1ST STREET N
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR () Delete
Name: CHANDRASEKHAR, KOLLAGUNTA S
Address: 320 1ST STREET N
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KOLLAGUNTA CHANDRASEKHAR

MGR

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date