

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039709

FILED
Jan 04, 2006
Secretary of State

Entity Name: PHYSICIANS OF WINTER HAVEN, LLC

Current Principal Place of Business:

1298 MIRROR TERRACE NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

2400 DUNDEE ROAD
WINTER HAVEN, FL 33884

Current Mailing Address:

1298 MIRROR TERRACE NW
WINTER HAVEN, FL 33881

New Mailing Address:

2400 DUNDEE ROAD
WINTER HAVEN, FL 33884

FEI Number: 20-0324393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LERNER, ROBERT K M.D.
1298 MIRROR TERRACE NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

LERNER, ROBERT K M.D.
2400 DUNDEE ROAD
WINTER HAVEN, FL 33884 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:

01/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: LERNER, ROBERT K M.D.
Address: 1298 MIRROR TERRACE, N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: V () Delete
Name: VILLARREAL, JORGE M.D.
Address: 120 WYNDHAM DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: NETTLOW, DON M.D.
Address: 1814 WOODPOINTE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: LEWIS, JAMES M.D.
Address: 3557 HARBOR CIRCLE, N.W.
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:

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 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: ROBERT K. LERNER

PRES

01/04/2006

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