

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039709

FILED
Jan 08, 2008
Secretary of State

Entity Name: PHYSICIANS OF WINTER HAVEN, LLC

Current Principal Place of Business:

2400 DUNDEE ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

2400 DUNDEE ROAD
WINTER HAVEN, FL 33884

New Mailing Address:

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.
2400 DUNDEE ROAD
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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

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: LOTENFOE, RICHARD M.D.
Address: P.O. BOX 470278
City-St-Zip: CELEBRATION, FL 34747

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 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: BETTY M. LEES

A

01/08/2008

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