2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L03000039709

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:	S	(X) Change ( ) Addition
Name:	THOMAS, ROBERT M.D.	
Address:	3240 HERON COVE SW	
City-St-Zip:	WINTER HAVEN, FL 33884	

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: ROBERT K. LERNER, MD P 04/23/2009

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