2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

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

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

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

Title: S
Name: THOMAS, ROBERT M.D.
Address: 3240 HERON COVE SW
City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 Statues.

SIGNATURE: ROBERT K LERNER MD P 01/04/2011

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