

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000039709

**FILED**  
**Jun 12, 2012**  
**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  
**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 Statutes.

**SIGNATURE:** ROBERT K LERNER MD

P

06/12/2012

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