

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067268

FILED
Mar 12, 2010
Secretary of State

Entity Name: WINTER HAVEN CV ANESTHESIA, PLLC

Current Principal Place of Business:

1511 SW 1ST AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3130
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 20-3115287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, JOSE H JR ESQ
4 S.E. BROADWAY
OCALA, FL 34471 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: MGRM
Name: PALMIRE, VINCENT C M.D.
Address: 1511 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: MGRM
Name: ROBERTIE, PAUL G M.D.
Address: 1511 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: MGR
Name: HARRISON, LAWRENCE R M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34471 US

Title: MGR
Name: DEPUTAT, MIKHAIL M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34471 US

Title: MGR
Name: MIKOWSKI, MICHAEL S D.O.
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34471

Title: MGR
Name: FERNANDEZ, A. NICOLAS M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34471

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: VINCENT C. PALMIRE, M.D.

MGRM

03/12/2010

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