

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067268

**FILED**  
**Mar 09, 2011**  
**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 PALMIRE, M.D.

MGR

03/09/2011

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