

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034213

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** WINTER HAVEN INTENSIVE CARE CONSULTANTS, PLLC

**Current Principal Place of Business:**

1511 SW 1ST AVENUE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

1511 SW 1ST AVENUE  
OCALA, FL 34471 US

**New Mailing Address:**

P.O. BOX 3130  
OCALA, FL 34478 US

**FEI Number:** 65-1300627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORTES, JR., JOSE H  
4 S.E. BROADWAY  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

CORTES, JR., JOSE H ESQ  
4 S.E. BROADWAY  
OCALA, FL 34471 US

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: JOSE CORTES, ESQ

03/12/2010

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

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