

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000003279 1. Entity Name EYE SURGERY PHYSICIANS OF WINTER HAVEN, LLC	
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Principal Place of Business 409 AVE. K., S.E. WINTER HAVEN, FL 33880	Mailing Address 409 AVE. K., S.E. WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



02122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3581143	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WELCH, DANIEL W 407 AVE. K., S.E. WINTER HAVEN, FL 33880

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

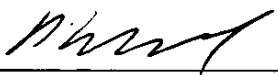
**Filing Fee is \$50.00
Due by May 1, 2007**

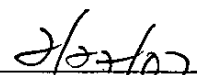
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELCH, DANIEL W 407 AVE. K., S.E. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOEWY, DAVID M 407 AVE. K., S.E. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISCHER, FRANK 407 AVENUE K, S.E. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHEMMER, GARY 407 AVENUE K, S.E. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILBIGER, JOHNATHAN 407 AVENUE K, S.E. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGETNICK, JOHN 407 AVENUE K, S.E. WINTER HAVEN, FL 33880

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03/13/07-80034-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date:  Daytime Phone # _____