2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003279

1. Entity Name

EYE SURGERY PHYSICIANS OF WINTER HAVEN, LLC



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

Principal Place of Business

409 AVE. K., S.E.

WINTER HAVEN, FL 33880

Mailing Address

409 AVE. K., S.E.

WINTER HAVEN, FL 33880



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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	pove named entity submits this statement for the purpose of changing ligations of registered agent.	its registered office or registere	d agent, or both, in the State of Florida	I am familiar with, and accept
SIGNATU		IOTE Registered Agent signature required v	vhen reinstatino)	DATE

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

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

U00000653738 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

2/04/07

Daytime Phone #