

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003279

FILED
Feb 15, 2012
Secretary of State

Entity Name: EYE SURGERY PHYSICIANS OF WINTER HAVEN, LLC

Current Principal Place of Business:

409 AVE. K., S.E.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

409 AVE. K., S.E.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3581143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, DANIEL W
407 AVE. K., S.E.
WINTER HAVEN, FL 33880 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: WELCH, DANIEL W
Address: 407 AVE. K., S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM
Name: LOEWY, DAVID M
Address: 407 AVE. K., S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM
Name: FISCHER, FRANK
Address: 407 AVENUE K, S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM
Name: SCHEMMER, GARY
Address: 407 AVENUE K, S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM
Name: SILBIGER, JOHNATHAN
Address: 407 AVENUE K, S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM
Name: MCGETRICK, JOHN
Address: 407 AVENUE K, S.E.
City-St-Zip: WINTER HAVEN, FL 33880

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: MARY TAYLOR

MRS

02/15/2012

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