

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000001671

1. Entity Name
WINTER HAVEN MEDICAL INVESTORS, LLC



Principal Place of Business
**3001 KEITH STREET
CLEVELAND, TN 37312**

Mailing Address
**3001 KEITH STREET
CLEVELAND, TN 37312**



01102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1829242

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PRESTON, FORREST L
3570 KEITH STREET, NW
CLEVELAND, TN 37312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
CLAYTON, ANGELENA
3570 KEITH STREET, NW
CLEVELAND, TN 37312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
THURMOND, JOAN E
3570 KEITH STREET, NW
CLEVELAND, TN 37312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
CROSS, CINDY S
3570 KEITH STREET, NW
CLEVELAND, TN 37312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000479202
04/08/06-80036-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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

3-14-06

Date

Daytime Phone # _____