



FILED
Apr 24, 2007 8:00 am
Secretary of State

04-02-2007 90433 048 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M00000001671			
1. Entry Name WINTER HAVEN MEDICAL INVESTORS, LLC			
Principal Place of Business 3001 KEITH STREET CLEVELAND, TN 37312		Mailing Address 3001 KEITH STREET CLEVELAND, TN 37312	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, FORREST L 3570 KEITH STREET, NW CLEVELAND, TN 37312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Manager Life Care Centers of America, Inc., 3570 Keith Street, NW Cleveland, TN 37312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CLAYTON, ANGELENA 3570 KEITH STREET, NW CLEVELAND, TN 37312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Winter Haven Medical, Inc. 3570 Keith Street, NW Cleveland, TN 37312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THURMOND, JOAN E 3570 KEITH STREET, NW CLEVELAND, TN 37312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CROSS, CINDY S 3570 KEITH STREET, NW CLEVELAND, TN 37312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. By: Life Care Centers of America, Inc. Corporate Manager			
SIGNATURE: By: 		3/29/07 (423) 473-5868	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

Joan E. Thurmond, Assistant Secretary

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4. FEI Number 62-1829242 Applied For Not Applicable

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