2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2014
Secretary of State
CC2279707654

DOCUMENT# L00000001725

Entity Name: WINTER HAVEN MEDICAL COMPLEX, LLC

Current Principal Place of Business:

320 FIRST STREET NORTH
WINTER HAVEN, FL 33881

Current Mailing Address:

320 FIRST STREET NORTH
WINTER HAVEN, FL 33881

FEI Number: 59-3632922

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HELMS, LARRY ESQ
106 AVENUE F, SW
WINTER HAVEN, FL 33880 US

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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	JOHNSON, GARY R	Name	CHANDRASEKHAR, KOLLAGUNTA S
Address	320 1ST STREET N	Address	320 1ST STREET N
City-State-Zip:	WINTER HAVEN FL 33881	City-State-Zip:	WINTER HAVEN FL 33881

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY R. JOHNSON MANAGER 02/28/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date