

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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:

FLOYD, SAMMONS & SPANJERS, P.A.
1556 6TH STREET SE
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
Name JOHNSON, GARY R
Address 320 1ST STREET N
City-State-Zip: WINTER HAVEN FL 33881

Title MGR
Name CHANDRASEKHAR, KOLLAGUNTA S
Address 320 1ST STREET N
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 JOHNSON

OWNER

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date