

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003279

Entity Name: EYE SURGERY PHYSICIANS OF WINTER HAVEN, LLC**Current Principal Place of Business:**409 AVE. K., S.E.
WINTER HAVEN, FL 33880**Current Mailing Address:**409 AVE. K., S.E.
WINTER HAVEN, FL 33880**FEI Number:** 59-3581143**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELCH, DANIEL W
407 AVE. K., S.E.
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 MGRM
Name WELCH, DANIEL W
Address 407 AVE. K., S.E.
City-State-Zip: WINTER HAVEN FL 33880Title MGRM
Name FISCHER, FRANK
Address 407 AVENUE K, S.E.
City-State-Zip: WINTER HAVEN FL 33880Title MGRM
Name SILBIGER, JOHNATHAN
Address 407 AVENUE K, S.E.
City-State-Zip: WINTER HAVEN FL 33880Title MGRM
Name LOEWY, DAVID M
Address 407 AVE. K., S.E.
City-State-Zip: WINTER HAVEN FL 33880Title MGRM
Name SCHEMMER, GARY
Address 407 AVENUE K, S.E.
City-State-Zip: WINTER HAVEN FL 33880Title MGRM
Name MCGETRICK, JOHN
Address 407 AVENUE K, S.E.
City-State-Zip: WINTER HAVEN FL 33880

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: DANIEL W. WELCH

MGRM

02/18/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date