2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2021
Secretary of State
4510546569CC

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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 33880

Title	MGRM
Name	LOEWY, DAVID M
Address	407 AVE. K., S.E.
City-State-Zip:	WINTER HAVEN FL 33880

Title	MGRM
Name	FISCHER, FRANK
Address	407 AVENUE K, S.E.
City-State-Zip:	WINTER HAVEN FL 33880

Title	MGRM
Name	SCHEMMER, GARY
Address	407 AVENUE K, S.E.
City-State-Zip:	WINTER HAVEN FL 33880

Title	MGRM
Name	SILBIGER, JOHNATHAN
Address	407 AVENUE K, S.E.
City-State-Zip:	WINTER HAVEN FL 33880

Title	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: DAVID M LOEWY MGRM 02/04/2021

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