

2015 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 33880

Title	MGRM
Name	FISCHER, FRANK
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	LOEWY, DAVID M
Address	407 AVE. 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	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 WELCH**MGRM****02/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date