## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003393

LLC

Entity Name: THE WINTER HAVEN/SEBRING FL OPHTHALMOLOGY ASC,

**Current Principal Place of Business:** 

1A BURTON HILLS BLVD NASHVILLE, TN 37215

**Current Mailing Address:** 

1A BURTON HILLS BLVD NASHVILLE, TN 37215 US

FEI Number: 74-3072437 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

**FILED** Apr 25, 2018

**Secretary of State** 

CC0122613696

Authorized Person(s) Detail:

Title **MEMBER** Title **MEMBER** 

Name AMSURG HOLDINGS, INC. Name EYE SURGERY AND LASER CENTER,

Address 1A BURTON HILLS BLVD Address 409 AVE. K., S.E.

City-State-Zip: NASHVILLE TN 37215 City-State-Zip: WINTER HAVEN FL 33880

**AUTHORIZED REPRESENTATIVE** Title

Name WILSON, CRAIG

Address 1A BURTON HILLS BLVD NASHVILLE TN 37215 City-State-Zip:

SIGNATURE: CRAIG WILSON

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.

Electronic Signature of Signing Authorized Person(s) Detail

**AUTHORIZED** REPRESENTATIVE 04/25/2018