

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90063 033 \*\*\*\*50.00

DOCUMENT # L01000011664

1. Entity Name  
**SURGERY CENTER BILLING, LLC**



Principal Place of Business  
**12734 KENWOOD LANE SUITE 69  
FT. MYERS FL 33907**

Mailing Address  
**12734 KENWOOD LANE SUITE 69  
FT. MYERS FL 33907**

00001010



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**12734 KENWOOD LANE**  
Suite, Apt. #, etc.  
**SUITE 69**

3. Mailing Address  
**12734 KENWOOD LANE**  
Suite, Apt. #, etc.  
**SUITE 69**

City & State  
**FORT MYERS, FL**

City & State  
**FORT MYERS, FL**

4. FEI Number **65-1128773**

Applied For  
Not Applicable

Zip **33907** Country **USA**

Zip **33907** Country **USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERBIN, CARYL  
SURGERY CENTER BILLING LLC  
12734 KENWOOD LANE STE 69  
FORT MYERS FL 33907**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SERBIN, CARYL A</b> <b>12734 KENWOOD LANE</b> <b>FORT MYERS FL 33907</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ENGLISH, JUDITH</b> <b>12734 KENWOOD LANE</b> <b>FORT MYERS FL 33907</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: **X** SIGNATURE REQUIRED **1/20/03** **239-482-1777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)