

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90339 034 ****50.00

DOCUMENT # L03000033792	
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1. Entity Name
BAGAN SURGICAL ASSOCIATES REALTY, LLC

Principal Place of Business 542 PORT BENDRES DR. PUNTA GORDA, FL 33950	Mailing Address 542 PORT BENDRES DR. PUNTA GORDA, FL 33950
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0218488 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

TROIANO, JOSEPH A
12800 UNIVERSITY PARK, SUITE 380
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name Matthew R. Bagan
Street Address (P.O. Box Number is Not Acceptable)
542 Port Bendres Drive
City Punta Gorda, FL Zip Code 33950

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 Matthew Bagan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAGAN, MATTHEW R TRUSTEE 542 PORT BENDRES DR. PUNTA GORDA, FL 33950 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Matthew Bagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/07 941 505 8447