

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90005 004 \*\*\*\*50.00

**DOCUMENT # L01000011664**

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



Principal Place of Business  
**13740 CYPRESS TERR CR  
SUITES 501-503  
FT. MYERS, FL 33907**

Mailing Address  
**13740 CYPRESS TERR CR  
SUITES 501-503  
FT. MYERS, FL 33907**

**20001545**



01062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1128773**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SMITH, WILLIAM R ESQ  
8191 COLLEGE PARKWAY #204  
FORT MYERS, FL 33919**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SERBIN, CARYL A  
12734 KENWOOD LANE  
FORT MYERS, FL 33907**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ENGLISH, JUDITH  
12734 KENWOOD LANE  
FORT MYERS, FL 33907**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*CM*  
Date

**239-482-1777**  
Daytime Phone #