

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L000000000043

1. Entity Name

SUMMERLIN BEND ANESTHESIA, P.L.

01 APR 24 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

17579 BOAT CLUB DR.
FT. MYERS FL 33908

17579 BOAT CLUB DR.
FT. MYERS FL 33908



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5238 MASON CORBIN COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

City & State

City & State

FORT MYERS FL

4. FEI Number

65-0988129

Applied For

Not Applicable

Zip

Country

Zip

Country

33907

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

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVE. WEST
BRADENTON FL 34209

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004161574--7
-05/08/01--01041--008
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MANAGER / OWNER
JEFFREY M. LENTZ, M.D.
17579 BOAT CLUB DRIVE
FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ 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

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

Date

Daytime Phone #

JEFFREY M. LENTZ, M.D. 4/2/01 941-489-3166

CR2E083 (11/00)