

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90171 024 \*\*\*\*50.00

**DOCUMENT # L00000001645**

1. Entity Name

**SURGICALTECHNIQUE.COM HOLDINGS, LLC**

Principal Place of Business

Mailing Address

**4435 DOVER COURT UNIT 702  
 NAPLES FL 34105**

**4435 DOVER COURT UNIT 702  
 NAPLES FL 34105**

012803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**101 8th Street South**

**101 8th Street South**

City & State

City & State

**Naples, Florida**

**Naples, Florida**

Zip

Zip

**34102**

**34102**

Country

Country

4. FEI Number **59-3628847**

Applied For

Not Applicable

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

**BERTRAM, H. MORTON III, MD  
 4435 DOVER COURT UNIT 702  
 NAPLES FL 34105**

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

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  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **BERTRAM, H. MORTON III MD**  
 STREET ADDRESS **4435 DOVER COURT UNIT 702**  
 CITY-ST-ZIP **NAPLES FL 34105**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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 REQUIRED**

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

**7/26/02 2392626641**  
 Date Daytime Phone #

CR2E083 (4/02)