

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000011664**

1. Entity Name

**SURGERY CENTER BILLING, LLC**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90237 033 \*\*\*\*50.00

86173



DO NOT WRITE IN THIS SPACE

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

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

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

**ALOIA, FRANK J JR, ESQ**  
**2320 FIRST STREET**  
**SUITE 1000**  
**FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

Name **Caryl Serbin, President**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Surgery Center Billing, LLC**  
**12734 Kenwood Lane, Suite 69**  
 City **Fort Myers** FL Zip Code **33907**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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
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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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

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

**4/15/02**

**9414820777**

Date

Daytime Phone #

CR2E083 (9/01)

President  
Caryl A. Serbin  
Surgery Consultants of America, Inc.  
12734 Kenwood Lane  
Suite 69  
Fort Myers, FL 33907

Vice President, Business Operations  
Judith L. English  
Surgery Consultants of America, Inc.  
12734 Kenwood Lane  
Suite 69  
Fort Myers, FL 33907

Attachment  
80173

#L010000 11664