

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90100 007 ****50.00

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DOCUMENT # L01000011664 1. Entity Name SURGERY CENTER BILLING, LLC			
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 <i>13740 Cypress Tree Ct</i> Suite, Apt. #, etc. <i>SUITE 501-503</i> City & State <i>FT MYERS, FL</i> Zip <i>33907</i> Country <i>USA</i>		3. Mailing Address <i>13740 Cypress Tree Ct</i> Suite, Apt. #, etc. <i>SUITE 501-503</i> City & State <i>FT MYERS, FL</i> Zip <i>33907</i> Country <i>USA</i>	
4. FEI Number 65-1128773		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>William R Smith Esq</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERBIN, CARYL A 12734 KENWOOD LANE FORT MYERS, FL 33907	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENGLISH, JUDITH 12734 KENWOOD LANE FORT MYERS, FL 33907	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <i>CMA</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>2/3/05</i> Daytime Phone # <i>239-482-1777</i>	