

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90353 021 ****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
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2. Principal Place of Business - No P.O. Box # <u>12670 CREEKSIDE LANE</u>	3. Mailing Address <u>12670 CREEKSIDE LANE</u>
Suite, Apt. #, etc. <u>SUITE #401</u>	Suite, Apt. #, etc. <u>SUITE #401</u>
City & State <u>FORT MYERS, FL</u>	City & State <u>FORT MYERS, FL</u>
Zip <u>33919</u>	Country <u>USA</u>



04032007 Chg-LLC CR2E083 (12/06)

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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**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 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition <u>12670 CREEKSIDE LANE, SUITE #401</u> <u>FORT MYERS, FL 33919</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ENGLISH, JUDITH 12734 KENWOOD LANE FORT MYERS, FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition <u>12670 CREEKSIDE LANE, SUITE #401</u> <u>FORT MYERS, FL 33919</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: Judith English JUDITH ENGLISH, VP 4/6/07 239-482-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #