

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000044009**

1. Entity Name  
**LUTGERT PROFESSIONAL CENTER, LLC**



Principal Place of Business  
**4200 GULF SHORE BOULEVARD NORTH  
NAPLES, FL 34103**

Mailing Address  
**4200 GULF SHORE BOULEVARD NORTH  
NAPLES, FL 34103**



03232006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2463137**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CATALANO, ANTHONY J  
4001 TAMiami TRAIL NORTH STE. 250  
NAPLES, FL 34103**

**DO NOT WRITE  
IN THIS SPACE**

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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LUTGERT, SCOTT F
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRM
NAME	LUTGERT, KURT M
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRM
NAME	BAKER, RICHARD J
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRM
NAME	GUTMAN, HOWARD B
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRM
NAME	MCCORKLE, DOUGALL
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000530485  
05/05/06-80116-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**Howard B. Gutman  
Vice President**

**SIGNATURE:**

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

**3/30/06 (239) 261-6100**

Date

Daytime Phone #