

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 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



04122007 No 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LUTGERT, SCOTT F
4200 GULF SHORE BLVD N
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LUTGERT, KURT M
4200 GULF SHORE BLVD N
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAKER, RICHARD J
4200 GULF SHORE BLVD N
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUTMAN, HOWARD B
4200 GULF SHORE BLVD N
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCCORKLE, DOUGALL
4200 GULF SHORE BLVD N
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000734787
05/10/07-80007-021 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.

SIGNATURE: _____

Howard B. Gutman
Vice President

4/13/07 (239) 261-6100

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

Date

Daytime Phone #