


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90205 019 *****50.00

DOCUMENT # L04000090051					
1. Entity Name CAPE CORAL MEDICAL AND SURGICAL SUITES, LLC					
Principal Place of Business 6981 LAKE DEVONWOOD DRIVE FORT MYERS, FL 33908			Mailing Address 6981 LAKE DEVONWOOD DRIVE FORT MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2001635	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, BRUCE D 1520 ROYAL PALM SQUARE BOULEVARD STE 320 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		
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)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
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	Managing member Elizabeth P. Kagan 6981 Lake Devonwood Drive Fort Myers, FL 33908		<input type="checkbox"/> Delete		
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		
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: Elizabeth P. Kagan			3/21/05 (239)466-1161		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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