

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000090053

**FILED**  
**Mar 17, 2007**  
**Secretary of State**

**Entity Name:** CAPE OUTPATIENT SURGICAL TEAM, LLC

**Current Principal Place of Business:**

6981 LAKE DEVONWOOD DRIVE  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

6981 LAKE DEVONWOOD DRIVE  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 20-2001683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREEN, BRUCE D  
1520 ROYAL PALM SQUARE BOULEVARD STE 320  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KAGAN M D, JOHN C  
Address: 6981 LAKE DEVONWOOD DR  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN C KAGAN

MGR

03/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date