

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0014517 AF

DOCUMENT # L98000000531

1. Entity Name

SUMERU HEALTH CARE GROUP, L.C.

Principal Place of Business

13911 LAKESHORE BLVD., SUITE B
HUDSON FL 34667

Mailing Address

13911 LAKESHORE BLVD., SUITE B
HUDSON FL 34667-7102

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

59-3510679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUTTY, MAHAN M.D.

13911 LAKESHORE BLVD., SUITE B
HUDSON FL 34667

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400003263914--4
-05/23/00--01100--014
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
THE CENTER FOR INTERNAL MEDICINE, INC.
13911 LAKESHORE BLVD., SUITE B
HUDSON FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
SCUNZIANNO & ASSOCIATES MEDICAL CENTER INC
3502 MARINER BLVD
SPRNG HILL FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
PROFESSIONAL CENTER FOR INTERNAL MEDICINE
13944 LAKESHORE BLVD, SUITE C
HUDSON FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
THE CENTER FOR INTERNAL MEDICINE & PEDIATR
208 SOUTH APOPKA AVENUE
INVERNESS FL 34450 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
THE CENTER FOR INTERNAL MEDICINE & PEDIATR
5517 21ST AVE WEST, SUITE E & F
BRADENTON FL 34209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
THE CENTER FOR INTERNAL MEDICINE & PEDIATR
407 7TH STREET
PALMETTO FL 34204 ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED

4/27/00

CR2E083 (9/99)