

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000531

1. Entity Name

SUMERU HEALTH CARE GROUP, L.C.

APPROVED  
AND  
FILED

01 APR 11 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13911 LAKESHORE BLVD., SUITE K  
HUDSON FL 34667

13911 LAKESHORE BLVD., SUITE K  
HUDSON FL 34667



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite K

City & State

City & State

4. FEI Number

59-3510679

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

☐ Delete

TITLE Mem  
NAME The Center for Internal Medicine Brooksville, Inc  
STREET ADDRESS 727 Benton Ave  
CITY-ST-ZIP Brooksville, FL 34601

☐ Change

☒ Addition

TITLE MEM  
NAME SCUNZIANTO & ASSOCIATES MEDICAL CENTER INC  
STREET ADDRESS 3502 MARINER BLVD  
CITY-ST-ZIP SPRING HILL FL 34609

☐ Delete

TITLE Mem  
NAME Center for Pediatrics, Inc  
STREET ADDRESS 1951 Northgate Blvd  
CITY-ST-ZIP Sarasota, FL 34234

☐ Change

☒ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

*Mahan Kuty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)