

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007969**

1. Entity Name

**SUMMERLIN BEND SURGERY CENTER, L.L.C.**

FILED

00 JAN 24 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

63 BARKELEY CIRCLE, S.W.  
FORT MYERS FL 33908

Mailing Address

63 BARKELEY CIRCLE, S.W.  
FORT MYERS FL 33907-4514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Add Suite 102

Suite, Apt. #, etc.

Add Suite 102

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0963008

Applied For  
Not Applied

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET, SUITE 1  
TALLAHASSEE FL 32302

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	Holberg, Steven E. DPM	63 Barkley Circle Suite 102	Ft. Myers, FL 33907	<input type="checkbox"/>
MGR	Andrew Davids, DPM	63 Barkley Circle Suite 102	Ft. Myers, FL 33907	<input type="checkbox"/>
MGR	Castellano, Bradley DPM	63 Barkley Circle Suite 102	Ft. Myers, FL 33907	<input type="checkbox"/>
MGR	Goldstein, Jerold S. DPM	63 Barkley Circle Suite 102	Ft. Myers, FL 33907	<input type="checkbox"/>
MGR	Rilmowich, Chris DPM	63 Barkley Circle Suite 102	Ft. Myers, FL 33907	<input type="checkbox"/>
MGR	Immanuel, Howard DPM	63 Barkley Circle Suite 102	Ft. Myers, FL 33907	<input type="checkbox"/>

10.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONS/CHANGES

ADD ALL

900003118453-02/01/00-01068-024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 REQUIRED

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

Date

Daytime Phone #

1-18-00 941/936-54

Dr. Steven Holberg, DPM