

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90254 035 ****50.00

DOCUMENT # M01000001726

1. Entity Name

PHYSICIANS SURGERY CENTER REALTY, LLC



Principal Place of Business

6981 LAKE DEVONWOOD DR.
FT MYERS, FL 33908

Mailing Address

6981 LAKE DEVONWOOD DR.
FT MYERS, FL 33908



02162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1126822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAGAN, JOHN C
6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KAGAN, JOHN C
6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ISSACSON, WAYNE
12898 KEDDLESTON CIRCLE
FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AUTHORIZED REPRESENTATIVE

John C. Kagan

2-17-04 239-466-1161

Date

Daytime Phone #